

**Cyndi Maciejewski**

---

**From:** \_\_\_\_\_  
**Sent:** Tuesday, November 15, 2022 6:09 PM  
**To:** Cyndi Maciejewski  
**Cc:** Rebecca Baker  
**Subject:** Lancaster BAR Candidate  
**Attachments:** HPSCAN\_20221115224613447\_2022-11-15\_224731461.pdf

Hi Cyndi

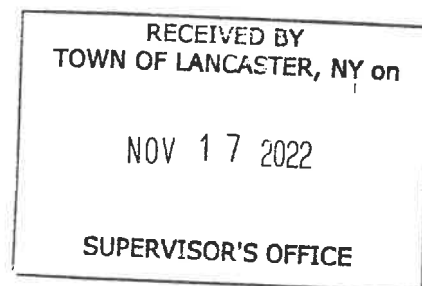
As you are aware, the Board of Assessment Review (BAR) currently has a vacate seat. Over the last month, I've reviewed several resumes of potential candidates for the seat.

Attached is resume and interest email, from Christopher Guck. He is a town resident, currently employed by Evans Bank as a commercial loan officer. Mr. Guck has a long career working for several local financial institutions. His expertise in commercial lending will be an asset to the Lancaster Board of Assessment Review, particularly as it relates to tax assessment appeals from commercial property owners. I recently spoke with Mr. Guck, discussing his experience and the duties of the BAR. I believe he would be an excellent member.

I'm recommending that the Lancaster Town Board approve Mr. Guck's appointment. Besides his experience as a commercial loan officer, you will note his involvement with several community organizations. The Lancaster-Depew-Elma Chamber of Commerce and Lancaster Academy of Finance as example.

I'm available to discuss further. I'm available to present to the Town Board if needed.

Cathy Braniecki  
Chair Lancaster Board of Assessment Review



**cbraniecki1@roadrunner.com**

---

**From:** Christopher Guck <[REDACTED]>  
**Sent:** Tuesday, November 15, 2022 4:20 PM  
**To:** cbraniecki1@roadrunner.com  
**Cc:** Christopher Guck  
**Subject:** Chris Guck--Assessment Committee Letter

**Flag Status:** Flagged

Hi Cathy:

I'm writing this letter to confirm my interest in serving on the Assessment Committee for the Town of Lancaster. I believe my Business Banking experience and familiarity with commercial mortgages would help the Committee.

Thank you for your consideration. Please let me know if you have any questions about my resume or my desire to serve on the Board.

**Christopher J. Guck, MBA**  
Assistant Vice President / Business Banking Officer

Phone: (716) [REDACTED]



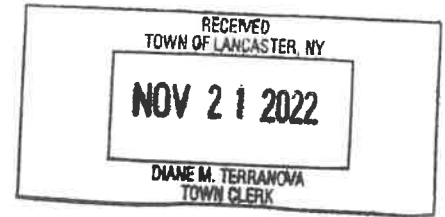
This communication (including any attachments) may contain confidential and/or privileged information. Unless you are the intended recipient, any distribution, use, copying, forwarding, printing or disclosure of this email message and any information included in any file attachments is strictly prohibited. If you have received this email in error, please notify the sender by reply and delete the original message.



776

**Mark Meyerhofer**  
Senior Director  
Government Affairs

November 18, 2022



Re: Charter Communications Notification

Dear Municipal Official:

Spectrum Northeast, LLC ("Spectrum"), has become aware, but with no notice from the network, that MSG Plus rebranded to MSG Sportsnet and MSG Plus 2 rebranded to MSG Sportsnet 2 on the channel lineup serving your community.

To view a current Spectrum channel lineup visit [www.spectrum.com/channels](http://www.spectrum.com/channels).

If you have any questions, please feel free to contact me at 716-686-4446 or via email at [Mark.Meyerhofer@charter.com](mailto:Mark.Meyerhofer@charter.com).

Sincerely,

A handwritten signature in cursive script that reads "Mark Meyerhofer".

Mark Meyerhofer  
Senior Director, Government Affairs  
Charter Communications



# Town of Lancaster

OFFICE OF THE SUPERVISOR

21 Central Avenue  
Lancaster, New York 14086  
(716) 683-1610  
Fax: (716) 683-0512

RONALD RUFFINO, SR.  
*Supervisor*

November 21, 2022

Diane Terranova  
Town Clerk  
21 Central Avenue  
Lancaster, NY 14086

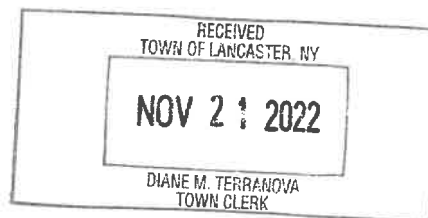
Dear Ms. Terranova,

This letter is to inform you that I hereby appoint Mark S. Sonner as Director of Administration & Finance effective November 22, 2022.

Best regards,

Ronald Ruffino, Sr.  
Supervisor

Cc: Assistant to the Supervisor





DIANE M. TERRANOVA  
*Town Clerk*

# Town of Lancaster

21 CENTRAL AVENUE  
LANCASTER, NEW YORK 14086  
WWW.LANCASTERNY.GOV

CLERK'S OFFICE  
PHONE: (716) 683-9028  
FAX: (716) 683-2094

TAX OFFICE  
PHONE: (716) 683-1328  
FAX: (716) 681-7059

November 21, 2022

Matt Shaw  
Skylighters of New York, LLC  
P.O. Box 1357  
Orchard Park, New York 14127

Dear Mr. Shaw:

Your application for the Public Display of Fireworks to be conducted at Lancaster Speedway on November 24, 2022 was approved. Enclosed is your permit for a fireworks display on November 24, 2022 at 6:00 P.M.-9:00 P.M.

By copy of this letter I hereby direct the Bowmansville Fire Chief to inspect the premises said permit shall be done in conformity with approved plans and specifications and the existing standards, rules and regulations applicable thereto.

Sincerely yours,

OFFICE OF THE TOWN CLERK

Diane M. Terranova  
Town Clerk

DMT/ac

Encl.

cc: W. Karn, Police Chief  
Bowmansville Fire Chief  
Thomas Fowler, Town Attorney  
Town Board  
Lancaster Speedway



DIANE M. TERRANOVA  
*Town Clerk*

# Town of Lancaster

21 CENTRAL AVENUE  
LANCASTER, NEW YORK 14086  
WWW.LANCASTERNY.GOV

CLERK'S OFFICE  
PHONE: (716) 683-9028  
FAX: (716) 683-2094

TAX OFFICE  
PHONE: (716) 683-1328  
FAX: (716) 681-7059

## **FIREWORKS PERMIT** **TOWN OF LANCASTER**

Pursuant to Local Law No. 1 of the Year 2012 of the Town of Lancaster, and Penal Law Section 405 of the State of New York,

**Skylighters of New York LLC, P.O. Box 1357, Orchard Park, New York, 14127** is hereby granted permission for a public display of fireworks at 57 Gunnville Road, Lancaster, New York, 14086 on November 24, 2022, in accordance with all the terms, conditions, and diagrams, contained in the "Request for Fireworks Display Permit" on file in the Office of the Town Clerk of the Town of Lancaster.

This permit expires at 09:00 P.M. on the date specified herein. Any display after 09:00 P.M. is not authorized by this permit.

### **TOWN OF LANCASTER**

Diane M. Terranova  
Town Clerk

Seal

Dated: November 21, 2022

cc: William J. Karn, Jr., Police Chief, Town of Lancaster  
Bowmansville Fire Department Fire Chief  
Thomas Fowler, Town Attorney  
Town Board  
M. Shaw, Skylighters of New York, LLC

File: fire wks prmt

COPY

Lancaster Bee  
Buffalo News

DIANE M. TERRANOVA, TOWN CLERK  
Town of Lancaster  
21 Central Avenue  
Lancaster, New York 14086  
683-9028



PRESS RELEASE

November 22, 2022

Lancaster Town Clerk Diane M. Terranova announced today that the Planning and Zoning Committee will hold a committee meeting on Wednesday, December 7, 2022, at 5:30 PM for the purpose of reviewing the Code of the Town of Lancaster on Recreational Vehicles and Vehicle storage.

The meeting will be held in the Town Board Chambers, Lancaster Town Hall, 21 Central Avenue, Lancaster, New York. The Public is welcome.

cc: Post on bulletin board

\\CATSVR\\Applications\\WORK FOLDER\\press release.doc

COPY

COPY

COPY

COPY



# SHENKER RUSSO & CLARK LLP

November 21, 2022

Theresa M. Russo

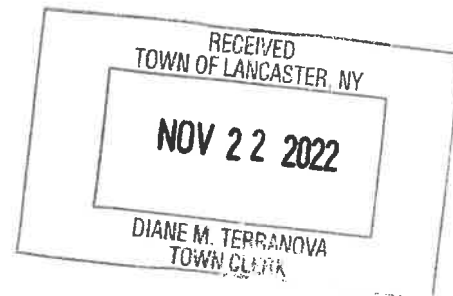
518.407.5800

Theresa.Russo@srclawoffices.com

BY FEDERAL EXPRESS

Diane Terranova  
Town Clerk – Town of Lancaster  
12 Central Ave.  
Lancaster, NY 14086

Re: Class Change 30 Day notice for:  
CBOCS NY, LLC  
6643 Transit Rd.,  
Williamsville, NY 14221



Dear Ms. Terranova:

The above-referenced applicant intends to submit a Class Change Application to the New York State Liquor Authority to change their license from a Restaurant Wine license to an On Premises license. To that end, please find enclosed the thirty (30) day notice of such intent.

Should you have any questions or need anything further, please do not hesitate to contact me. I appreciate your assistance with this matter.

Sincerely yours,

SHENKER RUSSO & CLARK LLP

Theresa M. Russo

Enclosure



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent: <span style="border: 1px solid black; padding: 2px;">11/21/2022</span>	1a. Delivered by: <span style="border: 1px solid black; padding: 2px;">Overnight Mail, Tracking Number and Pro</span>
---	---

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

☐ New Application  
 ☐ Removal  
 ☒ Class Change

For premises in the City of New York:

☐ New Application  
 ☐ New Application and Temporary Retail Permit  
 ☐ Renewal  
 ☐ Alteration  
 ☐ Removal  
☐ Class Change  
☐ Method of Operation  
☐ Corporate Change

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date  
 For **Renewal** applicants, answer all questions  
 For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)  
 For **Corporate Change** applicants, attach a list of the current and proposed corporate principals  
 For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation  
 For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type  
 For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

**Please include all documents as noted above. Failure to do so may result in disapproval of the application.**

**This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:**

3. Name of Municipality or Community Board: Town of Lancaster

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): 3168991      Expiration Date (if applicable): 10/31/2024

5. Applicant or Licensee Name: CBOCS NY, LLC

6. Trade Name (if any): Cracker Barrel Old Country Store #298

7. Street Address of Establishment: 6643 Transit Rd.

8. City, Town or Village: Williamsville, NY      Zip Code: 14221

9. Business Telephone Number of applicant/ Licensee: 716-635-9542

10. Business E-mail of Applicant/Licensee: Josh.Mayo@crackerbarrel.com

11. Type(s) of alcohol sold or to be sold:  
 ☐ Beer & cider  
 ☐ Wine, Beer & Cider  
 ☒ Liquor, Wine, Beer & Cider

12. Extent of Food Service:  
☒ Full Food menu; full kitchen run by a chef/cook  
☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

☐ Seasonal Establishment  
☐ Juke Box  
☐ Disc Jockey  
☒ Recorded Music  
☐ Karaoke

14. Method of Operation: (check all that apply)

☐ Live Music (give details i.e., rock bands, acoustic, jazz, etc.):   
☐ Patron Dancing  
☐ Employee Dancing  
☐ Exotic Dancing  
☐ Topless Entertainment  
☐ Video/Arcade Games  
☐ Third Party Promoters  
☐ Security Personnel  
☐ Other (specify):

15. Licensed Outdoor Area: (check all that apply)

☐ None  
☐ Patio or Deck  
☐ Rooftop  
☐ Garden/Grounds  
☐ Freestanding Covered Structure  
☐ Sidewalk Cafe  
☒ Other (specify): Front Porch

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- |      |               |
|------|---------------|
| N/A  | N/A           |
| Name | Serial Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☒ Yes (if YES, SKIP 23-26) ☐ No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:
23. Building Owner's Street Address:
24. City, Town or Village:  State:  Zip Code:
25. Business Telephone Number of Building Owner:

**Representative or Attorney Representing the Applicant in Connection with the  
Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice**

26. Representative/Attorney's Full Name:
27. Representative/Attorney's Street Address:
28. City, Town or Village:  State:  Zip Code:
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name:  Title:

**Principal Signature:**



DIANE M. TERRANOVA, TOWN CLERK  
TOWN OF LANCASTER  
21 CENTRAL AVE.  
LANCASTER, N.Y. 14086  
AREA CODE 1-716 683-9028

781

COPY

November 22, 2022

Matthew Fischione  
Code Enforcement Officer  
21 Central Avenue  
Lancaster, New York 14086

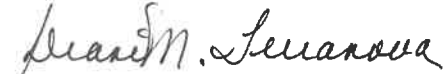
**Re: Advantage Trucks.com, LLC – 933 Ransom Road**  
Application for a 2023 License to Conduct a Salvage Yard

Dear Matt:

Enclosed is a copy of the above referenced renewal application for your review. Please notify me if you wish this office to prepare a resolution authorizing the issuance of this license.

Sincerely yours,

OFFICE OF THE TOWN CLERK



Diane M. Terranova  
Town Clerk

DMT/dm  
Encl.

cc: Town Board Members

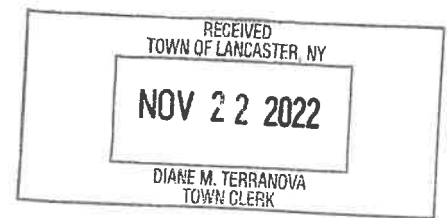
COPY

COPY

COPY

COPY

TOWN OF LANCASTER  
21 Central Avenue  
Lancaster, New York 14086  
Office Of The Town Clerk



☐ Original License Application  
☒ Renewal License Application

Application For License Pursuant to the Provisions of Chapter 275 of the Code of the Town of Lancaster entitled:

**SALVAGE YARDS**

Location of Place of Business: Advantage Trucks.com, LLC  
933 Ransom Rd, Lancaster, NY 14086

Zoning of Place of Business: General Industrial

Premises are owned or leased by applicant (circle one). If leased, attach copy of lease.

**INFORMATION ON APPLICANT**

Name of Applicant: Joseph M. Stearns  
Street Address: 933 Ransom Rd.  
City/Town/Village: Lancaster, NY 14086  
Phone: (Home) 716-652-2655 (Business) 716-685-6757  
Date of Birth: 2/26/57

**Corporate Applicants:**

Use Exhibit "A" to list the name, address, corporate position, date of birth and past five (5) year residences of each corporate officer, director, or holder of ten percent (10%) or more of corporate stock of the applicant corporation.

**Co-partnerships Applicants:**

Use Exhibit "A" to list information on partners.

**Individual Owner Applicants:**

Use Exhibit "A" to list information on self.

INSURANCE REQUIREMENT

Applicant must attach to the application proof of insurance indicating current insurance coverage for Worker's Compensation and Disability Benefits Insurance on the applicant's employees. **Please note that Acord forms are not acceptable proof of New York State Workers' Compensation or disability benefits insurance coverage. Please use NYS Workers Compensation Board Certificate of Insurance Form C105.2 or U26.3.**

Advantage Trucks.com, LLC - Joseph M. Stearns  
Print Name of Applicant

[Signature] Sole Member  
Signature and Title

Date: 11-14, 2022

\$250.00 non-refundable application fee received on (Date) 11/22/2022 <sup>\$250.00</sup> X-14011

File: LICSA LVG.APP (P1)

**ACKNOWLEDGMENTS**

**INDIVIDUAL**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the petitioner, and known to me to be the individual described in and who executed the foregoing instrument and \_he acknowledged to me that \_he executed the same for the purpose herein stated.

\_\_\_\_\_  
Notary Public or Deputy Town Clerk

**CORPORATE**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this 14<sup>th</sup> day of November, 2022, before me personally appeared Joseph Skarns, known to me, who, being by me first duly sworn, did depose and say that \_he resides in West Falls, NY, that \_he is the Sole Member of the corporation described in and which executed the foregoing instrument; that \_he knows the Corporate Seal of said corporation; that the Corporate Seal affixed to said instrument is such Corporate Seal; that it was affixed by order and authority of the Board of Directors of said corporation; and that \_he signed his/her name thereto by like order and authority for the purposes herein stated.

SARA L. BAUMANN  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01BA6421288  
Qualified in Erie County  
Commission Expires August 30, 2025

  
\_\_\_\_\_  
Notary Public or Deputy Town Clerk

**CORPORATE SEAL**

**PARTNERSHIP**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the petitioner, and known to me to be one of the firm of \_\_\_\_\_ described in and who executed the foregoing instrument and \_he acknowledged to me that \_he executed the same as and for the act and deed of said firm, for the purposes therein stated.

\_\_\_\_\_  
Notary Public or Deputy Town Clerk

**CORPORATE SEAL**

**Exhibit 'A'**  
**Information on Applicant**

Name Joseph M. Stearns Date of Birth 2/26/57

(Circle Status) - Officer - Director - 10% Stockholder - Partner - Owner

Street Address: 2010 M. 11 Rd

City/Town/Village: West Falls, NY 14170

Phone: (Home) 716-652-2655 (Office) 716-685-6757

List prior address (past 5 years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(Circle Status) - Officer - Director - 10% Stockholder - Partner - Owner

Street Address: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

List prior address (past 5 years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(Circle Status) - Officer - Director - 10% Stockholder - Partner - Owner

Street Address: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

List prior address (past 5 years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION 809 - DISCLOSURE CERTIFICATE

CERTIFICATE REQUIRED TO BE EXECUTED BY EVERY APPLICANT FOR A VARIANCE, AMENDMENT, CHANGE OF ZONING, APPROVAL OF A PLAT, EXEMPTION FROM A PLAT OR OFFICIAL MAP, LICENSE OR PERMIT, PURSUANT TO THE PROVISIONS OF ANY ORDINANCE, LOCAL LAW, RULE OR REGULATION CONSTITUTING THE ZONING AND PLANNING REGULATIONS OF THE TOWN OF LANCASTER (SEE ATTACHED EXCERPT FROM GENERAL MUNICIPAL LAW)

---

### CERTIFICATION A

1. The undersigned applicant, as defined in Section 809 of the General Municipal Law of the State of New York, for a (**underline appropriate application**) variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, hereby certifies that no State officer, or officer or employee of the County of Erie or Town of Lancaster, as defined in said section, has an interest in the person, partnership or association making application for said AdvantageTrucks.com, LLC

2. I understand that any person who knowingly and intentionally violates the provisions of Section 809 of the General Municipal Law of the State of New York shall be guilty of a misdemeanor.

X 

X \_\_\_\_\_

---

### CERTIFICATION B

1. The undersigned applicant, as defined in Section 809 of the General Municipal Law of the State of New York, for a (**underline appropriate application**) variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, hereby certifies that \_\_\_\_\_ is a State officer, or officer or employee of the County of Erie or Town of Lancaster, as defined in said section, who has an interest in the person, partnership or association making application for said \_\_\_\_\_ and that the extent of such interest is \_\_\_\_\_.

2. I understand that any person who knowingly and intentionally violates the provisions of Section 809 of the General Municipal Law of the State of New York shall be guilty of a misdemeanor.

X \_\_\_\_\_

X \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Moore Insurance Agency Inc. 15 25th Street Watervliet NY 12189	<b>CONTACT NAME:</b> Dennis Dunbar <b>PHONE (A/C, No, Ext):</b> (518) 273-9501 <b>FAX (A/C, No):</b> (518) 273-1125 <b>E-MAIL ADDRESS:</b> ddunbar@mooreia.com																					
<b>INSURED</b> ADVANTAGETRUCKS.COM LLC 933 RANSOM RD LANCASTER NY 14086-9102	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Erie Insurance Co</td><td>26263</td></tr><tr><td>INSURER B:</td><td>Flagship City Insurance Company</td><td>35585</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Erie Insurance Co	26263	INSURER B:	Flagship City Insurance Company	35585	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Erie Insurance Co	26263																				
INSURER B:	Flagship City Insurance Company	35585																				
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** CL22111703479**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Garage <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q11-6580115	11/15/2022	11/15/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Other than auto liab. \$ 1,000,000 \$ \$ \$ \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			Q35-6570069	11/15/2022	11/15/2023	EACH OCCURRENCE AGGREGATE \$ 5,000,000 \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Q86-6600232	02/16/2022	02/16/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ 100,000 \$ 100,000 \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**Town of Lancaster  
21 Central Avenue

Lancaster

NY 14086

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



**Workers'  
Compensation  
Board**

**CERTIFICATE OF  
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name &amp; Address of Insured (use street address only)          Advantagetricks.com LLC          933 Ransom Road          Lancaster NY 14086</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured          716-685-6757</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number          27-2839771</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)          Town of Lancaster          21 Central Avenue          Lancaster NY 14086</p>	<p>3a. Name of Insurance Carrier          Flagship City Insurance Co.</p> <p>3b. Policy Number of Entity Listed in Box "1a"          Q86-6600232</p> <p>3c. Policy effective period  <u>02-16-2022</u> to <u>02-16-2023</u></p> <p>3d. The Proprietor, Partners or Executive Officers are  <input type="checkbox"/> included. (Only check box if all partners/officers included)  <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: Philip J Moore

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:

*Philip J Moore*  
 (Signature)

11/17/22  
 (Date)

Title: President

Telephone Number of authorized representative or licensed agent of insurance carrier: 518-273-9501 ext 1512

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**

**C-105.2 (9-17)**

[www.wcb.ny.gov](http://www.wcb.ny.gov)

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



Workers'  
Compensation  
Board

## CERTIFICATE OF INSURANCE COVERAGE NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

### PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) ADVANTAGETRUCKS.COM LLC  933 RANSOM ROAD LANCASTER, NY 14086  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 716-685-6757  1c. Federal Employer Identification Number of Insured or Social Security Number 272839771
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Lancaster 21 Central Avenue Lancaster NY 14086	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company  3b. Policy Number of Entity Listed in Box "1a" DBL286273  3c. Policy effective period 01/01/2022 to 12/31/2023

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.  
☐ B. Disability benefits only.  
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 11/17/2022 By   
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

### PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

#### State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



## **Additional Instructions for Form DB-120.1**

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

**Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.**

## **NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

### **§220. Subd. 8**

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

DIANE M. TERRANOVA, TOWN CLERK  
TOWN OF LANCASTER  
21 CENTRAL AVE.  
LANCASTER, N.Y. 14086  
AREA CODE 1-716 683-9028

COPY

November 23, 2022

Mr. Jerrod Blake, Sr. District Manager  
Waste Management of New York, LLC  
100 Ransier Drive  
West Seneca, New York 14224

Re: 2023 Solid Waste Collection License

Dear Mr. Blake:


Thank you for your recent application for a Solid Waste License for nine (9) trucks to operate within the Town of Lancaster Refuse District for the year 2023.

Enclosed are the license decals and a copy of Exhibit "B" from your application.

Attach each decal in the lower corner of the front windshield on the driver's side taking care the license number is attached to the windshield of the correct truck.

Sincerely yours,

OFFICE OF THE TOWN CLERK

  
Diane M. Terranova, Town Clerk

DMT/dm

Encl.

cc: M. Fischione, Code Enforcement Officer

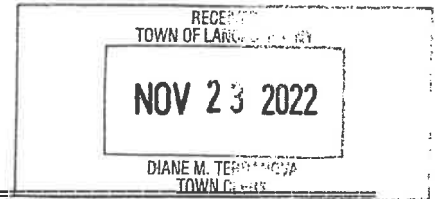
COPY

COPY

COPY

TOWN OF LANCASTER

21 Central Avenue  
Lancaster, New York 14086  
Office Of The Town Clerk



Rev. October 27, 2022

APPLICATION - SOLID WASTE COLLECTION LICENSE

Information on Applicant

Name of applicant: Waste Management of New York, LLC  
Street Address: 100 Ransier Dr  
City/Town/Village: West Seneca, NY 14224  
Phone: (Office) (716) 677-7311

Information on Trucks Operating Regularly Within Refuse District

List on Exhibit "B" attached to this application the license number and make of the trucks which will regularly be operating within the Refuse District.

Insurance Requirement

Please include proof of public liability insurance naming the Town of Lancaster as an additional insured, for personal injuries in the amount of one million (\$1,000,000) per person. It will also be necessary for you to file with your application proof of Workers' Compensation and Disability Benefits Insurance. Please note that Acord certificates are no longer permissible proof of meeting insurance requirements. All insurance proof must be on form C105.2 or U26.3.

License Fee

\$50.00 per truck for full calendar year. K-100015583 \$400.00  
\$25.00 per truck for one-half of calendar year (7/1 to 12/31)

License fee is paid to the "Town of Lancaster" and must accompany the license application.

☐ I do not intend to operate in the Town of Lancaster in the year 2023. If I do operate in the Town of Lancaster at any time during 2023, I understand that I am subject to notifying the Town Clerk and paying the applicable fee.

Signed 

Print Name & Title Terrod W Blake Sr. District Manager

**Exhibit "A"**  
**Information on Applicant**

Name Jerrod W. Blake  
Position Sr District Manager  
(Circle Status) - Officer - Partner - Owner  
Street Address: 100 Ransier Dr  
City/Town/Village: West Seneca, NY 14224  
Phone: <sup>Cell</sup> (Home) (315) 374-3620 (Office) (716) 677-7311

Name \_\_\_\_\_  
Position \_\_\_\_\_  
(Circle Status) - Officer - Partner - Owner  
Street Address: \_\_\_\_\_  
City/Town/Village: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
(Circle Status) - Officer - Partner - Owner  
Street Address: \_\_\_\_\_  
City/Town/Village: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_





**ACKNOWLEDGMENTS**

**INDIVIDUAL**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the petitioner, and known to me to be the individual described in and who executed the foregoing instrument and \_he acknowledged to me that \_he executed the same for the purpose herein stated.

\_\_\_\_\_  
Notary Public or Deputy Town Clerk

**CORPORATE**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this 7 day of November, 2022, before me personally appeared Jerrod Blake, known to me, who, being by me first duly sworn, did depose and say that \_he resides in \_\_\_\_\_, that \_he is the Sr District Manager of Waste Management of New York, LLC the corporation described in and which executed the foregoing instrument; that \_he knows the Corporate Seal of said corporation; that the Corporate Seal affixed to said instrument is such Corporate Seal; that it was affixed by order and authority of the Board of Directors of said corporation; and that \_he signed his/her name thereto by like order and authority for the purposes herein stated.

LYNNEE M SMERKA  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01SM6330406  
Qualified in Erie County  
My Commission Expires 9/14/23

Lynnee M Smerka  
Notary Public or Deputy Town Clerk

**CORPORATE SEAL**

**PARTNERSHIP**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the petitioner, and known to me to be one of the firm of \_\_\_\_\_ described in and who executed the foregoing instrument and \_he acknowledged to me that \_he executed the same as and for the act and deed of said firm, for the purposes therein stated.

\_\_\_\_\_  
Notary Public or Deputy Town Clerk

**CORPORATE SEAL**



# Town of Lancaster

7 & 3

## *Office of The Town Attorney*

21 Central Avenue  
Lancaster, New York 14086  
P: (716) 684-3342  
F: (716) 681-7475

**THOMAS E. FOWLER, JR**

*Town Attorney*  
Tfowler@lancasterny.gov

**Leza E. Braun**

*Legal Assistant*  
Lbraun@lancasterny.gov

November 21, 2022

Honorable Town & Planning Board Members  
Town of Lancaster  
21 Central Avenue  
Lancaster, New York 14086

RE: Tool Ranch Amendment #4523  
3857 Walden Avenue  
Town of Lancaster, County of Erie

Honorable Town Board and Planning Board Members:

Enclosed please find a SEQR response dated November 21, 2022, from the New York State D.E.C. on the above-referenced project for your review.

Should you have any questions or concerns, please call me.

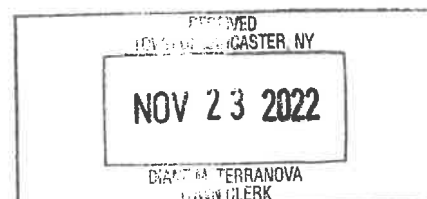
Very truly yours,

Thomas E. Fowler, Jr., Esq.  
Town Attorney

TEF:lb

Enc.

CC (w/enc): Town Clerk  
Building Inspector  
Town Engineer



# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Permits, Region 9  
700 Delaware Avenue, Buffalo, NY 14209  
P: (716) 851-7165 | F: (716) 851-7168  
[www.dec.ny.gov](http://www.dec.ny.gov)

November 21, 2022

Thomas E. Fowler, Jr.  
Office of the Town Attorney  
Town of Lancaster  
21 Central Avenue  
Lancaster, New York 14086

Dear Thomas Fowler:

**SEQR Lead Agency Coordination  
Tool Ranch Parking Lot  
3857 Walden Ave  
Town of Lancaster, Erie County**

This is to acknowledge receipt of your November 7, 2022, notice which requested State Environmental Quality Review Act (SEQR) Lead Agency status for the above-noted project. The Department concurs that the Town of Lancaster should act as SEQR Lead Agency, since the environmental impacts of the proposal are primarily of local significance. However, please be advised of the following:

1. If project activities will involve land disturbance of greater than 1 acre and the project sponsor, owner or operator is required to obtain a State Pollutant Discharge Elimination System General Permit for Stormwater Discharges from Construction Activity (GP-0-20-001). This General Permit requires the project sponsor, owner or operator to control stormwater runoff according to a Stormwater Pollution Prevention Plan (SWPPP), which is to be prepared prior to filing a Notice of Intent (NOI) and prior to commencement of the project. More information on General Permit GP-0-20-001, as well as the NOI form, is available on the Department's website at [www.dec.ny.gov/chemical/43133.html](http://www.dec.ny.gov/chemical/43133.html). Information on permitting requirements and preparation of a necessary Stormwater Pollution Prevention Plan (SWPPP) is available on the Department's website at [www.dec.ny.gov/chemical/8468.html](http://www.dec.ny.gov/chemical/8468.html).

The Town of Lancaster is designated as an MS4 community. The project sponsor, owner or operator of a construction activity that is subject to the requirements of a regulated, traditional land use control MS4 shall have their SWPPP reviewed and accepted by the MS4 community.



Department of  
Environmental  
Conservation

The "MS4 SWPPP Acceptance" form must be signed by the principle executive officer or ranking elected official from the MS4 community, or by a duly authorized representative of that person, and submitted along with the NOI, to the Department at NOTICE OF INTENT, NYSDEC, Bureau of Water Permits, 625 Broadway, 4<sup>th</sup> Floor, Albany, New York 12233-3505, telephone: 518/402-8111 to receive Department approval before construction commences.

2. The project site appears to be within an archaeologically sensitive area based on information obtained through the Cultural Resource Information System (CRIS) on the New York State Office of Parks, Recreation and Historic Preservation's (OPRHP) website at <https://cris.parks.ny.gov/>. As part of the SEQR process, this concern should be evaluated, unless it can be verified by appropriate documentation that the sites have been significantly disturbed in a way that would destroy potential artifacts. It is noted that project sponsors have consulted with OPRHP. Please note that any future changes to project plans would require further consultation with OPRHP. Please recognize that normal agricultural activities, such as plowing, would not constitute such land disturbance. If there are any questions regarding this, contact OPRHP (telephone: 518/237-8643).
3. A review of soils information indicates the potential for hydric soils on the project site. In addition, the National Wetlands Inventory map indicate the potential for federally-regulated wetlands within the proposed project site. The project sponsor should consult with the U.S. Army Corps of Engineers to determine if that agency has regulatory jurisdiction or requires approval from that agency. If Federal Wetlands are involved, the Corps may require the project sponsor to obtain 401 Water Quality Certification (WQC) from NYSDEC. Please note that a request for a WQC is now subject to the new WQC rule and the applicant must submit a pre-filing meeting request 30 days prior to submitting an application for WQC. More information related to this requirement and a pre-filing meeting request form can be found on NYSDEC's website at <https://www.dec.ny.gov/permits/6546.html>.

If you have any other questions, please feel free to contact Bruno DiBella of my staff or me at 716/851-7165.

Sincerely,

*David S. Denk*

David S. Denk  
Regional Permit Administrator

BAD/slr

# Town of Lancaster

TOWN PLANNING BOARD  
21 Central Avenue  
Lancaster, New York 14086

November 16, 2022

**Planning Board Members:**

Neil Connelly, Chairman  
Rebecca Anderson  
John Copas  
Anthony Gorski  
Joseph Keefe  
Lawrence Korzeniewski  
Michael Reinhold

**Town Board Members:**

Ronald Ruffino, Sr., Supervisor  
Mark Burkard  
Adam Dickman  
Robert Leary  
David Mazur

**Engineering Consultant:**

Ed Schiller, Wm. Schutt & Associates

**Town Attorney:**

Thomas Fowler, Jr.

**Town Highway Superintendent:**

John Pilato

**Building & Zoning Inspector:**

Matthew Fischione

Gentlemen/Ladies:

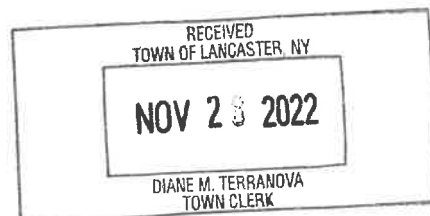
Enclosed is a draft copy of the minutes of a meeting of the Planning Board of Lancaster which was held November 16, 2022. Please review it for errors and completeness. These minutes will not become final until approved at a subsequent Planning Board meeting, and may be amended before approval.

Sincerely yours,



Neil R. Connelly  
Planning Board Chairman

NRC:cm  
Encl.



A meeting of the Planning Board of the Town of Lancaster, Erie County, New York was held at Town Hall, 21 Central Avenue, Lancaster, NY, on the 16<sup>th</sup> day of November 2022 at 7:00 P.M. and there were present:

PRESENT: Neil Connelly, Chairman  
John Copas, Member  
Anthony Gorski, Member  
Joseph Keefe, Member  
Lawrence Korzeniewski, Member  
Michael Reinhold, Member

EXCUSED: Rebecca Anderson, Member

ABSENT: None

ALSO PRESENT: None

Town Board Members: Councilman Dave Mazur

Other Elected Officials: None

Town Staff: Emily Orlando, Deputy Town Attorney  
Ed Schiller of Wm. Schutt & Assoc.  
Matt Fischione, Code Enforcement Officer  
Cyndi Maciejewski, Secretary

Meeting called to order by Chair Connelly at 7:00p.m.

Pledge of Allegiance led by Chair Connelly.

Roll Call of Planning Board Members

Chairman Connelly-Present

Rebecca Anderson-Excused

John Copas-Present

Anthony Gorski-Present

Joseph Keefe-Present

Lawrence Korzeniewski-Present

Michael Reinhold-Present

Minutes-A motion was made by John Copas to approve the minutes from the November 2, 2022 Planning Board Meeting. Motion seconded by Anthony Gorski.

Roll call as follows:

Chairman Connelly-Yes

Rebecca Anderson-Excused

John Copas-Yes

Anthony Gorski-Yes

Joseph Keefe-Yes

Lawrence Korzeniewski-Yes

Michael Reinhold-Yes

**Motion carried.**

TOWN OF LANCASTER PLANNING BOARD  
COMMUNICATIONS - NOVEMBER 16, 2022

- 11.16.01 Letters dated 10/31/22 from the Lancaster Police Department indicating no objections to the Basil Storage Building or 6218 Broadway.
- 11.16.02 Letter dated 11/09/22 from Ed Schiller, Town Engineer, with comments, regarding the Fieldstream Subdivision revised Preliminary Plat.
- 11.16.03 Letter dated 11/09/22 from Ed Schiller, Town Engineer, with comments regarding the Tool Ranch at 3857 Walden Ave.
- 11.16.04 Copy of letter received by the Town Clerk on 11/02/22 from The Association of Towns, asking the Town to assign a delegate for the 2023 Annual Meeting.
- 11.16.05 Copy of resolution adopted by the Town Board on 11/07/22 approving the site plan at 4401 Walden Ave.
- 11.16.06 Copy of resolution adopted by the Town Board setting up a Public Hearing on 11/21/22 for amending Chapter 400 Zoning, Article XIV Administration and Enforcement, Section 75.
- 11.16.07 Notice of Public Hearing to be held 11/21/22 for a Special Use Permit for a Home Occupation at 16 Birchwood Common.



- 11.16.08 Copy of resolution adopted by the Town Board setting up a Public Hearing on 11/21/22 for amending Chapter 400 Zoning, Article VIII Regulation Applying to All Districts, Section 38 Subdivision. (Model Home Permits)
- 11.16.09 Letter dated 11/11/22 from Mike Metzger, representing the Angry Buffalo, with revised parking and drainage/storage calculations for that project.
- 11.16.10 ZBA minutes from the 11/10/22 meeting.
- 11.16.11 SEQR response EC DPW regarding Fieldstream Subdivision

# **Planning Board Minutes**

## **SEQR Review**

**November 16, 2022**

The Planning Board held its meeting at the Lancaster Town Hall, 21 Central Avenue, Lancaster, New York on the 16<sup>th</sup> day of November 2022 at 7:05p.m. and there were

**PRESENT:** JOHN COPAS, PLANNING BOARD MEMBER  
ANTHONY GORSKI, PLANNING BOARD MEMBER  
JOSEPH KEEFE, PLANNING BOARD MEMBER  
LAWRENCE KORZENIEWSKI, PLANNING BOARD MEMBER  
MICHAEL REINHOLD, PLANNING BOARD MEMBER  
NEIL CONNELLY, PLANNING BOARD CHAIRMAN

**EXCUSED:** REBECCA ANDERSON, PLANNING BOARD MEMBER

**ALSO PRESENT:** DAVID MAZUR, TOWN COUNCILMAN  
MATTHEW FISCHIONE, CODE ENFORCEMENT OFFICER  
EDWARD SCHILLER, ENGINEER, WM. SCHUTT & ASSOC.  
EMILY ORLANDO, DEPUTY TOWN ATTORNEY  
CYNTHIA MACIEJEWSKI, RECORDING SECRETARY

### **PURPOSE OF MEETING:**

IN THE MATTER OF THE STATE ENVIRONMENTAL QUALITY REVIEW (SEQR) OF THE  
**Angry Buffalo Sport Arena**  
**2753 Wehrle Drive**

The Planning Board reviewed the Short Environmental Assessment Form with an item for item review and discussion of the project impact and magnitude as outlined on the Short Environmental Assessment Form entitled "Part 2 Impact Assessment" which was provided to each member.

**PLEASE TAKE NOTICE**, that the Planning Board of the Town of Lancaster, acting as an advisory committee to provide input to the Town Board, the designated lead agency under the State Environmental Quality Review Act (SEQRA), has reviewed the following described proposed action, which is an **unlisted** action, and that committee recommends that there are no significant adverse environmental impacts relative to the criteria found in 6 NYCRR §617.d, and further recommends that the lead agency issue a **Negative Declaration** for the purposes of Article 8 of the Environmental Conservation Law in accordance with §617.12.

**NAME AND ADDRESS OF LEAD AGENCY**

Lancaster Town Board  
21 Central Avenue  
Lancaster, New York 14086  
Thomas Fowler, Jr., Town Attorney  
716-684-3342

**NATURE, EXTENT AND LOCATION OF ACTION:**

The proposed development is of a parcel involving approximately 8.82 acres.

The location of the premises being reviewed is 2753 Wehrle Drive, Lancaster, New York 14221, Erie County.

This project described as the construction of a 33,600 sq ft sports arena primarily used for flag football with sport courts with .99 acre physically disturbed area.

**THE FOLLOWING MOTION TO OFFER A NEGATIVE DECLARATION WAS OFFERED BY MEMBER KORZENIEWSKI, WHO MOVED ITS ADOPTION, SECONDED BY MEMBER REINHOLD**

**TO WIT:**

**REASONS SUPPORTING RECOMMENDATION**

1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations? **No impact.**
2. Will the proposed action result in a change in the use or intensity of use of land? **No impact**
3. Will the proposed action impair the character or quality of the existing community? **No impact**
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)? **The Town of Lancaster has not established a Critical Environmental Area (CEA).**
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway? **No impact**
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities? **No impact**
7. Will the proposed action impact existing:

- a. Public/private water supplies? **No impact**
- b. Public/private wastewater treatment utilities? **No impact**
- 8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources? **No impact**  
**No impact letter received by SHPO on 8/1/16.**
- 9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?  
**No impact.**
- 10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems? **No impact.**
- 11. Will the proposed action create a hazard to environmental resources or human health? **No impact**

and,

**BE IT FURTHER**

**RESOLVED**, that the Planning Board recommendation be sent to the Town Board, for its review and consideration as the lead agency for the Action.

The question of the adoption of the foregoing Recommendation was duly put to a vote which resulted as follows:

REBECCA ANDERSON, PLANNING BOARD MEMBER	EXCUSED
JOHN COPAS, PLANNING BOARD MEMBER	VOTED YES
ANTHONY GORSKI, PLANNING BOARD MEMBER	VOTED YES
JOSEPH KEEFE, PLANNING BOARD MEMBER	VOTED YES
LAWRENCE KORZENIEWSKI, PLANNING BOARD MEMBER	VOTED YES
MICHAEL REINHOLD, PLANNING BOARD MEMBER	VOTED YES
NEIL CONNELLY, PLANNING BOARD CHAIRMAN	VOTED YES

The Motion to recommend was thereupon adopted.

November 16, 2022

**SITE PLAN REVIEW – PROJECT #1501, ANGRY BUFFALO SPORTS ARENA, LOCATED AT 2753 WEHRLE DRIVE. CONSTRUCT A 33,600 SQ FT SPORTS ARENA PRIMARILY USED FOR FLAG FOOTBALL WITH SPORTS COURTS. RESTROOM AND OTHER IMPROVEMENTS INCLUDED.**

Michael Metzger of Metzger Engineers, Joe David, Owner and Kevin Curry, Consultant recapped the project which was last reviewed at the October 5, 2022 Planning Board meeting.

Parking requirements have been addressed. The storm water agreement that is currently in place does meet all requirements. Area leagues have approached Joe David regarding the rental of the facility for various sports usage.

## **DETERMINATION**

A motion was made by Anthony Gorski to recommend the approval of the Angry Buffalo Sport Arena Site Plan to the Town Board. Motion seconded by John Copas.

Roll call as follows:

Chairman Connelly-Yes

Joseph Keefe-Yes

Rebecca Anderson-Excused

Lawrence Korzeniewski-Yes

John Copas-Yes

Michael Reinhold-Yes

Anthony Gorski-Yes

**Motion carried.**

## **AMENDED SITE PLAN REVIEW – PROJECT #0269, TOOL RANCH LOCATED AT 3857 WALDEN AVENUE, S.B.L. #105.00-1-4.1. INSTALLATION OF GRAVEL PARKING LOT.**

Matt Abate of Popli Design Group presented the plan that will add a 200' x 120' parking lot with no additional structures. The drainage issues have been addressed and a SEQR review is necessary but has not been coordinated. The area affected needs to be confirmed as being less than 1 acre. Materials will be stored for retail sales which include wire mesh, rebar and other products.

No SWPPP is required for this project. No landscape plan has been submitted.

Ed Schiller, Engineer has received a response letter which needs updated calculations for further review.

## **DETERMINATION**

A motion was made by Chair Connelly to table the Tool Ranch Amended Site Plan. Motion seconded by John Copas.

Roll call as follows:

Chairman Connelly-Yes

Joseph Keefe-Yes

Rebecca Anderson-Excused

Lawrence Korzeniewski-Yes

John Copas-Yes

Michael Reinhold-Yes

Anthony Gorski-Yes

**Motion carried.**

Other items discussed:

Councilmember Mazur held a work session prior to the Planning Board meeting today to review the RV code and possible changes with the input of residents. A second meeting on this subject will be held on December 7, 2022 at 5:30pm in the Town Hall Board Room.

Fieldstream Subdivision will possibly be on the December 7<sup>th</sup> Planning Board agenda for SEQR review.

The Stutzman Road Subdivision is still an active application.

Additional information has been received for the Broadway Rezone (Carroll) and the Pavement and Peppermint Road Subdivision.

No further developments have occurred for the Brunck Road Subdivision.

The proposed car wash at Walden and Central has been denied the variances by the Zoning Board of Appeals.

John Copas made a motion to adjourn the meeting at 7:24p.m., seconded by Joseph Keefe.

**Motion carried.**

# Town of Lancaster

TOWN PLANNING BOARD  
21 Central Avenue  
Lancaster, New York 14086

## MEMO

**TO:** Honorable Town Board  
Town of Lancaster

**FROM:** The Town of Lancaster Planning Board

**DATE:** November 16, 2022

**RE:** Angry Buffalo Sports Arena

**PROJECT #:** 1501

---

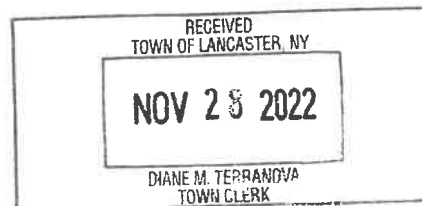
**LOCATION:** 2753 Wehrle Drive

**TYPE:** Site Plan Review

**RECOMMENDATION:** APPROVE  
Roll call vote:  
Chair Connelly-Yes  
Rebecca Anderson-Excused  
John Copas-Yes  
Anthony Gorski-Yes  
Joseph Keefe-Yes  
Lawrence Korzeniewski-Yes  
Michael Reinhold-Yes

**CONDITION:** N/A

**CONCERNS:** N/A



T.C. Comm.  


786

November 28, 2022

Supervisor Ruffino  
Town of Lancaster  
21 Central Ave  
Lancaster, NY 14086

Dear Ron:

With this letter I wish to inform you that I will be resigning my position of Assistant to the Supervisor with the Town of Lancaster effective two weeks from today, December 12, 2022.

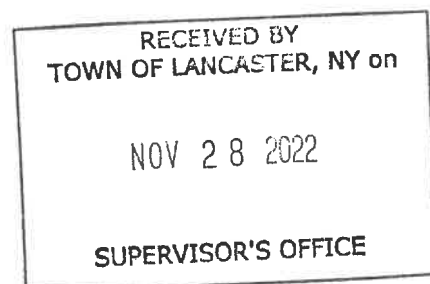
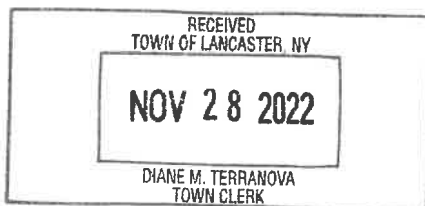
My career goals have changed since I started working here. I have accepted a position as a clerk typist in the police department.

I appreciate the opportunity you gave me during my time in the Town Supervisor's office. Please let me know what assistance I can offer as I transition out of my current role during the next two weeks.

Thank you

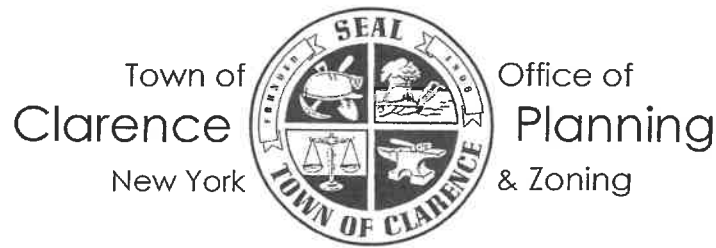


Lisa Zajac



Patrick Casilio  
Supervisor

Steven Leising  
Zoning Inspector



787  
Jonathan Bleuer  
Director of Community Development  
Andrew Schaefer  
Junior Planner

November 22, 2022

To:

Erie County Department of Environment and Planning  
Town of Amherst  
Town of Newstead  
Town of Lancaster  
Town of Lockport  
Town of Royalton  
Clarence Industrial Development Agency  
Clarence Attorney Office  
Clarence Town Assessor's Office

Project Number: TOC11222022

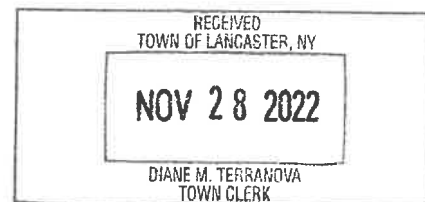
Project Description: Town Code Text Amendment – Chapter 184: Solar Photovoltaic Systems. The Town of Clarence is considering adopting a local law, opting-out of exemption from taxation for certain energy systems, as authorized under the New York State Real Property Tax Law § 487.

Enclosed please find a copy of the Part 1 Environmental Assessment Form and draft ordinance text changes to the Town of Clarence Code.

Written comments may be submitted to:

Jonathan Bleuer, Director of Community Development  
Town of Clarence Planning & Zoning Dept.  
One Town Place  
Clarence, NY 14031

For additional information regarding this project, please contact Jonathan Bleuer, Director of Community Development. Phone: (716) 741-8933 or email: [jbleuer@clarence.ny.us](mailto:jbleuer@clarence.ny.us)





Clarence Town Code

Existing:

Chapter 184. Solar Photovoltaic Systems

ADD:

§ 184-21. No Exemption from Taxation for Certain Energy Systems.

- A. The intent of this Local Law is to allow the Town of Clarence to opt out of certain energy systems real property tax exemptions pursuant to Real Property Tax Law § 487.
- B. This Local Law is enacted pursuant to the Real Property Tax Law of the State of New York § 487[8](a), as well as the Municipal Home Rule Law (MHRL) with the procedural provisions of the MRHL controlling.
- C. The Town Board of the Town of Clarence shall not permit any exemption within its jurisdiction pursuant to § 487 of the Real Property Tax Law of the State of New York with respect to any solar, wind energy system, farm waste energy system, micro-hydroelectric energy system, fuel cell electric generating system, micro-combined heat and power generating equipment system, electric energy storage equipment or electric energy storage system, or fuel-flexible linear generator electric generating system, constructed subsequent to the effective date of this Local Law.

**Full Environmental Assessment Form**  
**Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Applicant/Sponsor Information.**

Name of Action or Project: Town Code Text Amendment – Chapter 184: Solar Photovoltaic Systems		
Project Location (describe, and attach a general location map): Town of Clarence - Town Wide		
Brief Description of Proposed Action (include purpose or need): Town Code Text Amendment – Chapter 184: Solar Photovoltaic Systems. The Town of Clarence is considering adopting a local law, opting-out of exemption from taxation for certain energy systems, as authorized under the New York State Real Property Tax Law § 487.		
Name of Applicant/Sponsor: Town of Clarence	Telephone: (716) 741-8933 E-Mail: jbleuer@clarence.ny.us	
Address: One Town Place		
City/PO: Clarence	State: New York	Zip Code: 14031
Project Contact (if not same as sponsor; give name and title/role): Jonathan Bleuer - Director of Community Development	Telephone: (716) 741-8933 E-Mail: jbleuer@clarence.ny.us	
Address: One Town Place		
City/PO: Clarence	State: New York	Zip Code: 14031
Property Owner (if not same as sponsor):	Telephone: E-Mail:	
Address:		
City/PO:	State:	Zip Code:

### C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☒ Yes ☐ No  
If Yes, what is the zoning classification(s) including any applicable overlay district?

b. Is the use permitted or allowed by a special or conditional use permit? ☒ Yes ☐ No

c. Is a zoning change requested as part of the proposed action? ☐ Yes ☒ No  
If Yes,

i. What is the proposed new zoning for the site?

### C.4. Existing community services.

a. In what school district is the project site located? Clarence, Amherst, Williamsville

b. What police or other public protection forces serve the project site?

New York State Police, Erie County Sheriff

c. Which fire protection and emergency medical services serve the project site?

Swormville, East Amherst, Rapids, Clarence, Clarence Center, Harris Hill

d. What parks serve the project site?

All Town of Clarence Parks

### D. Project Details

#### D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)?

b. a. Total acreage of the site of the proposed action? \_\_\_\_\_ acres

b. Total acreage to be physically disturbed? \_\_\_\_\_ acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? \_\_\_\_\_ acres

c. Is the proposed action an expansion of an existing project or use?

☐ Yes ☐ No

i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ Units: \_\_\_\_\_

d. Is the proposed action a subdivision, or does it include a subdivision?

☐ Yes ☐ No

If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)

ii. Is a cluster/conservation layout proposed?

☐ Yes ☐ No

iii. Number of lots proposed? \_\_\_\_\_

iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

e. Will the proposed action be constructed in multiple phases?

☐ Yes ☐ No

i. If No, anticipated period of construction: \_\_\_\_\_ months

ii. If Yes:

- Total number of phases anticipated \_\_\_\_\_

- Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year

- Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year

- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will the proposed action cause or result in disturbance to bottom sediments?

If Yes, describe:

☐ Yes ☐ No

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?

If Yes:

☐ Yes ☐ No

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_
- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_

- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

c. Will the proposed action use, or create a new demand for water?

If Yes:

☐ Yes ☐ No

i. Total anticipated water usage/demand per day: \_\_\_\_\_ gallons/day

ii. Will the proposed action obtain water from an existing public water supply?

If Yes:

☐ Yes ☐ No

- Name of district or service area: \_\_\_\_\_
- Does the existing public water supply have capacity to serve the proposal? ☐ Yes ☐ No
- Is the project site in the existing district? ☐ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☐ No
- Do existing lines serve the project site? ☐ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project?

If Yes:

☐ Yes ☐ No

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_
- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site?

If Yes:

☐ Yes ☐ No

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: \_\_\_\_\_ gallons/minute.

d. Will the proposed action generate liquid wastes?

If Yes:

☐ Yes ☐ No

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): \_\_\_\_\_

iii. Will the proposed action use any existing public wastewater treatment facilities?

If Yes:

☐ Yes ☐ No

- Name of wastewater treatment plant to be used: \_\_\_\_\_
- Name of district: \_\_\_\_\_
- Does the existing wastewater treatment plant have capacity to serve the project? ☐ Yes ☐ No
- Is the project site in the existing district? ☐ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☐ No

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? ☐ Yes ☐ No

If Yes:

i. Estimate methane generation in tons/year (metric): \_\_\_\_\_

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): \_\_\_\_\_

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? ☐ Yes ☐ No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): \_\_\_\_\_

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? ☐ Yes ☐ No

If Yes:

i. When is the peak traffic expected (Check all that apply): ☐ Morning ☐ Evening ☐ Weekend

☐ Randomly between hours of \_\_\_\_\_ to \_\_\_\_\_

ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): \_\_\_\_\_

iii. Parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Net increase/decrease \_\_\_\_\_

iv. Does the proposed action include any shared use parking? ☐ Yes ☐ No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: \_\_\_\_\_

vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? ☐ Yes ☐ No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? ☐ Yes ☐ No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? ☐ Yes ☐ No

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? ☐ Yes ☐ No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: \_\_\_\_\_

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): \_\_\_\_\_

iii. Will the proposed action require a new, or an upgrade, to an existing substation? ☐ Yes ☐ No

l. Hours of operation. Answer all items which apply.

i. During Construction:

- Monday - Friday: \_\_\_\_\_
- Saturday: \_\_\_\_\_
- Sunday: \_\_\_\_\_
- Holidays: \_\_\_\_\_

ii. During Operations:

- Monday - Friday: \_\_\_\_\_
- Saturday: \_\_\_\_\_
- Sunday: \_\_\_\_\_
- Holidays: \_\_\_\_\_

s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☐ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_

ii. Anticipated rate of disposal/processing: \_\_\_\_\_

- \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
- \_\_\_\_\_ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: \_\_\_\_\_ years

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☐ Yes ☐ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_

ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_

iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☐ Yes ☐ No

If Yes: provide name and location of facility: \_\_\_\_\_

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: \_\_\_\_\_

## E. Site and Setting of Proposed Action

**E.1. Land uses on and surrounding the project site**

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

☐ Urban ☐ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Rural (non-farm)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): \_\_\_\_\_

ii. If mix of uses, generally describe: \_\_\_\_\_

b. Land uses and covertypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces			
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____			

v. Is the project site subject to an institutional control limiting property uses? ☐ Yes ☐ No

- If yes, DEC site ID number: \_\_\_\_\_
- Describe the type of institutional control (e.g., deed restriction or easement): \_\_\_\_\_
- Describe any use limitations: \_\_\_\_\_
- Describe any engineering controls: \_\_\_\_\_
- Will the project affect the institutional or engineering controls in place? ☐ Yes ☐ No
- Explain: \_\_\_\_\_

---

**E.2. Natural Resources On or Near Project Site**

a. What is the average depth to bedrock on the project site? \_\_\_\_\_ feet

b. Are there bedrock outcroppings on the project site? ☐ Yes ☐ No  
If Yes, what proportion of the site is comprised of bedrock outcroppings? \_\_\_\_\_ %

c. Predominant soil type(s) present on project site: \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

d. What is the average depth to the water table on the project site? Average: \_\_\_\_\_ feet

e. Drainage status of project site soils: ☐ Well Drained: \_\_\_\_\_ % of site  
☐ Moderately Well Drained: \_\_\_\_\_ % of site  
☐ Poorly Drained: \_\_\_\_\_ % of site

f. Approximate proportion of proposed action site with slopes: ☐ 0-10%: \_\_\_\_\_ % of site  
☐ 10-15%: \_\_\_\_\_ % of site  
☐ 15% or greater: \_\_\_\_\_ % of site

g. Are there any unique geologic features on the project site? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_

---

h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? ☐ Yes ☐ No

ii. Do any wetlands or other waterbodies adjoin the project site? ☐ Yes ☐ No  
If Yes to either i or ii, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? ☐ Yes ☐ No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Lakes or Ponds: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Wetlands: Name \_\_\_\_\_ Approximate Size \_\_\_\_\_
- Wetland No. (if regulated by DEC) \_\_\_\_\_

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? ☐ Yes ☐ No  
If yes, name of impaired water body/bodies and basis for listing as impaired: \_\_\_\_\_

---

i. Is the project site in a designated Floodway? ☐ Yes ☐ No

j. Is the project site in the 100-year Floodplain? ☐ Yes ☐ No

k. Is the project site in the 500-year Floodplain? ☐ Yes ☐ No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? ☐ Yes ☐ No  
If Yes:  
i. Name of aquifer: \_\_\_\_\_

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If Yes: <ul style="list-style-type: none"> <li>i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District</li> <li>ii. Name: _____</li> <li>iii. Brief description of attributes on which listing is based: _____</li> </ul>	
f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
g. Have additional archaeological or historic site(s) or resources been identified on the project site? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If Yes: <ul style="list-style-type: none"> <li>i. Describe possible resource(s): _____</li> <li>ii. Basis for identification: _____</li> </ul>	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If Yes: <ul style="list-style-type: none"> <li>i. Identify resource: _____</li> <li>ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____</li> <li>iii. Distance between project and resource: _____ miles.</li> </ul>	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If Yes: <ul style="list-style-type: none"> <li>i. Identify the name of the river and its designation: _____</li> <li>ii. Is the activity consistent with development restrictions contained in 6 NYCRR Part 666? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> </ul>	

#### F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

#### G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Jonathan Bleuer Date 11-21-2022

Signature  Title Director of Community Development



COPY

November 28, 2022

Brian D. Sutter, Transportation Coordinator  
Modern Disposal Services, Inc.  
4746 Model City Road  
Model City, New York 14107

Re: 2023 Solid Waste Collection License

COPY Dear Mr. Sutter:

COPY Thank you for your recent application for a Solid Waste License for (18) trucks to operate within the Town of Lancaster Refuse District for the year 2023.

COPY Enclosed are the license decals and a copy of Exhibit "B" from your application.

Attach each decal in the lower corner of the front windshield on the driver's side taking care the license number is attached to the windshield of the correct truck.

Sincerely yours,

OFFICE OF THE TOWN CLERK



Diane M. Terranova, Town Clerk

COPY DMT/dm

COPY Encl.

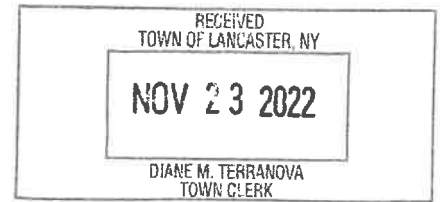
COPY cc: M. Fischione, Code Enforcement Officer

COPY

COPY

**TOWN OF LANCASTER**

21 Central Avenue  
Lancaster, New York 14086  
Office Of The Town Clerk



Rev. October 27, 2022

**APPLICATION - SOLID WASTE COLLECTION LICENSE**

**Information on Applicant**

Name of applicant: MODERN DISPOSAL SERVICES INC  
Street Address: 4746 MODEL CITY RD  
City/Town/Village: MODEL CITY NY 14107  
Phone: (Office) 716 754-8226

**Information on Trucks Operating Regularly Within Refuse District**

List on Exhibit "B" attached to this application the license number and make of the trucks which will regularly be operating within the Refuse District.

**Insurance Requirement**

Please include proof of public liability insurance naming the Town of Lancaster as an additional insured, for personal injuries in the amount of one million (\$1,000,000) per person. It will also be necessary for you to file with your application proof of Workers' Compensation and Disability Benefits Insurance. Please note that Acord certificates are no longer permissible proof of meeting insurance requirements. All insurance proof must be on form C105.2 or U26.3.

**License Fee**

\$50.00 per truck for full calendar year. K-179246-900.00  
\$25.00 per truck for one-half of calendar year (7/1 to 12/31)

License fee is paid to the "Town of Lancaster" and must accompany the license application.



I do not intend to operate in the Town of Lancaster in the year 2023. If I do operate in the Town of Lancaster at any time during 2021, I understand that I am subject to notifying the Town Clerk and paying the applicable fee.

Signed

Print Name & Title

Brian D. Sutter  
TRANSPORTATION COORDINATOR

**Exhibit "A"**  
**Information on Applicant**

Name RICHARD WASHUTA  
Position PRESIDENT  
(Circle Status) - Officer - Partner - Owner  
Street Address: 4746 MODEL CITY RD  
City/Town/Village: MODEL CITY NY 14107  
Phone: (Home) \_\_\_\_\_ (Office) 716-754-8226

Name LORIE WASHUTA  
Position CORPORATE SECRETARY  
(Circle Status) - Officer - Partner - Owner  
Street Address: 4746 MODEL CITY RD  
City/Town/Village: MODEL CITY NY 14107  
Phone: (Home) \_\_\_\_\_ (Office) 716 754 8226

Name MIKE McINERNEY SR  
Position CEO  
(Circle Status) - Officer - Partner - Owner  
Street Address: 4746 MODEL CITY RD  
City/Town/Village: MODEL CITY NY 14107  
Phone: (Home) \_\_\_\_\_ (Office) 716 754 8226

**Exhibit "B"**

**Information on Trucks Operating Within Town Refuse District**

**TOWN USE**

**ONLY**

<u>License No.</u>	<u>Year and Vehicle Make</u>	<u>Fee</u>	<u>License #</u>	<u>Year</u>
2185 46150KA	2010 MACK	\$ 50	0697	01/01/23 to 12/31/23
2189 20942MN	2010 PETERBILT	\$ 50	0698	01/01/23 to 12/31/23
2300 20945MN	2012 PETERBILT	\$ 50	0699	01/01/23 to 12/31/23
2304 35200MM	2012 PETERBILT	\$ 50	0700	01/01/23 to 12/31/23
2482 66202NA	2015 PETERBILT	\$ 50	0701	01/01/23 to 12/31/23
2592 85328MJ	2017 PETERBILT	\$ 50	0702	01/01/23 to 12/31/23
2593 85327MJ	2017 PETERBILT	\$ 50	0703	01/01/23 to 12/31/23
2661 62499ML	2019 PETERBILT	\$ 50	0704	01/01/23 to 12/31/23
2670 14771MM	2019 PETERBILT	\$ 50	0705	01/01/23 to 12/31/23
2672 14719MM	2018 MACK	\$ 50	0706	01/01/23 to 12/31/23
2674 18753NC	2019 PETERBILT	\$ 50	0707	01/01/23 to 12/31/23
2708 35225MM	2019 MACK	\$ 50	0708	01/01/23 to 12/31/23
2717 55372MN	2019 PETERBILT	\$ 50	0709	01/01/23 to 12/31/23
1232 17939MP	2015 MACK	\$ 50	0710	01/01/23 to 12/31/23
1237 17928MP	2019 MACK	\$ 50	0711	01/01/23 to 12/31/23
21242 17949MP	2020 MACK	\$ 50	0712	01/01/23 to 12/31/23
23034 57425NA	2015 MACK	\$ 50	0713	01/01/23 to 12/31/23
21233 17938MP	2016 MACK	\$ 50	0714	01/01/23 to 12/31/23
				/ / to / /
				/ / to / /
				/ / to / /
				/ / to / /
				/ / to / /
				/ / to / /
				/ / to / /
				/ / to / /
				/ / to / /
				/ / to / /
				/ / to / /
				/ / to / /

**ACKNOWLEDGMENTS**

**INDIVIDUAL**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the petitioner, and known to me to be the individual described in and who executed the foregoing instrument and \_he acknowledged to me that \_he executed the same for the purpose herein stated.

\_\_\_\_\_  
Notary Public or Deputy Town Clerk

**CORPORATE**

STATE OF NEW YORK

SS:

COUNTY OF ~~ERIE~~ Niagara

On this 18<sup>th</sup> day of November, 2022, before me personally appeared BRIAN SUTTER, known to me, who, being by me first duly sworn, did depose and say that \_he resides in GASPORT, NY, that \_he is the TRANSPORTATION COORDINATOR of MODERN DISPOSAL SERVICES the corporation described in and which executed the foregoing instrument; that \_he knows the Corporate Seal of said corporation; that the Corporate Seal affixed to said instrument is such Corporate Seal; that it was affixed by order and authority of the Board of Directors of said corporation; and that \_he signed his/her name thereto by like order and authority for the purposes herein stated.

**RAVINDERJIT K. SINGH**  
Notary Public, State of New York  
Qualified in Niagara County  
Reg. No. 01SI6205395

My Commission Expires 5/11/2027

Ravinderjit K Singh  
Notary Public or Deputy Town Clerk

CORPORATE SEAL B. J. Sutter

**PARTNERSHIP**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the petitioner, and known to me to be one of the firm of \_\_\_\_\_ described in and who executed the foregoing instrument and \_he acknowledged to me that \_he executed the same as and for the act and deed of said firm, for the purposes therein stated.

\_\_\_\_\_  
Notary Public or Deputy Town Clerk

CORPORATE SEAL



MODEDIS-01

NBOTCHER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Flanders Group 300 Linden Oaks Suite 210 - 1st Floor Rochester, NY 14625	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (585) 381-8070 E-MAIL ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: National Interstate Insurance Company INSURER B: Berkshire Hathaway Specialty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	<b>FAX</b> (A/C, No): (585) 381-3565  <b>NAIC #</b> 32620 22276
<b>INSURED</b>  Modern Disposal Services Inc 4746 Model City Road PO Box 209 Model City, NY 14107		

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LJG021007002	11/21/2022	11/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CAW021007009	11/21/2022	11/21/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47UMO10038209	11/21/2022	11/21/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder and any entities required by contract are included as Additional Insured including Primary & Non-Contributory, Ongoing & Completed Operations and a Waiver of Transfer of Rights of Recovery Against Others to Us endorsement with respect to General Liability when required by written contract. Certificate Holder and any entities required by contract are included as Additional Insured including Primary & Non-Contributory and a Waiver of Transfer of Rights of Recovery Against Others to Us endorsement with respect to Auto Liability when required by written contract.							

## CERTIFICATE HOLDER

Town of Lancaster  
21 Central Avenue  
Lancaster, NY 14086

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

\*\*\*\*\* 160875858  
THE FLANDERS GROUP  
300 LINDEN OAKS STE 210 1FLR  
ROCHESTER NY 14625



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> MODERN DISPOSAL SERVICES INC. 4746 MODEL CITY RD PO BOX 209 MODEL CITY NY 14107		<b>CERTIFICATE HOLDER</b> TOWN OF LANCASTER 21 CENTRAL AVENUE LANCASTER NY 14086	
<b>POLICY NUMBER</b> B 882 067-2	<b>CERTIFICATE NUMBER</b> 438760	<b>POLICY PERIOD</b> 07/01/2022 TO 07/01/2023	<b>DATE</b> 11/3/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 882 067-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

**IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.**

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 139311958



Workers'  
Compensation  
Board

## CERTIFICATE OF INSURANCE COVERAGE NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

### PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only)  <b>Modern Disposal Services 4746 Model City Road PO Box 209 Model City, NY 14107</b>  <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	1b. Business Telephone Number of Insured  <b>(716) 405-1235</b>  1c. Federal Employer Identification Number of Insured or Social Security Number <b>16-0875858</b>
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>Town of Lancaster 21 Central Avenue Lancaster, NY 14086</b>	3a. Name of Insurance Carrier Equitable Financial Life Insurance Company  3b. Policy Number of Entity Listed in Box 1a 002035  3c. Policy Effective Period 01/01/2022 to 12/31/2022

4. Policy provides the following benefits:

- ☒ A. Both disability and Paid Family Leave benefits.  
☐ B. Disability benefits only.  
☐ C. Paid Family Leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 11/03/2022 By Stephanie Shields

(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number (800) 999-3309 Name and Title Stephanie Shields, Head of EB Operations

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

### PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

#### State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

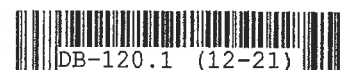
Date Signed \_\_\_\_\_ By \_\_\_\_\_

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (12-21)





## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

**Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.**

### NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

DIANE M. TERRANOVA, TOWN CLERK  
TOWN OF LANCASTER  
21 CENTRAL AVE.  
LANCASTER, N.Y. 14086  
AREA CODE 1-716 683-9028

789

November 28, 2022


Mr. Michael Clark  
Vice President Production Services  
New Enterprise Stone & Lime Co. Inc.  
3912 Brumbaugh Road  
New Enterprise, PA 16664

Dear Mr. Clark:

Enclosed is a Special Use Permit for the year **2023** to excavate sand, gravel and stone aggregates at the site outlined in said permit within the Town of Lancaster.

Sincerely yours,

OFFICE OF THE TOWN CLERK

  
Diane M. Terranova  
Town Clerk

DMT/dm

Encl.

cc: M. Fischione, Code Enforcement Officer

## **2023 SPECIAL USE PERMIT**

### **TOWN OF LANCASTER**

Pursuant to the authority vested in the Town Clerk of the Town of Lancaster by resolution of the Town Board of the Town of Lancaster dated the 6th day of July 1992, New Enterprise Stone & Lime Co, Inc., PO Box 77, New Enterprise, PA 16664-0077, is hereby granted a Special Use Permit Barton Plant – 91 Barton, Wehrle Plant – 8615 Wehrle, for the operation of a limestone quarry from a 678.3 acre permit term area within a 763.5 acre Life of Mine Facility, with material processing by screens, crushers and wash plant. The reclamation objective is to ceate a lake surrounded by meadow habitat.

Mined Land I.D. # 90018

The excavating of sand, gravel, and stone aggregates at this site shall be in conformity with the DEC mining permit issued for this site and reclamation plans supporting the issuance of the DEC permit.

**This permit begins on January 1, 2023 and expires December 31, 2023.**



Diane M. Terranova, Town Clerk

Date: November 28, 2022

(SEAL)

790

DIANE M. TERRANOVA, TOWN CLERK  
TOWN OF LANCASTER  
21 CENTRAL AVE.  
LANCASTER, N.Y. 14086  
AREA CODE 1-716 683-9028

COPY

November 29, 2022

Matthew Fischione  
Code Enforcement Officer  
21 Central Avenue  
Lancaster, New York 14086

**Re: J. Renkas & Sons d/b/a AJA's Auto Parts & Salvage – 955 Ransom Road**  
Application for a 2023 License to Conduct a Salvage Yard

Dear Matt:

Enclosed is a copy of the above referenced renewal application for your review. Please notify me if you wish this office to prepare a resolution authorizing the issuance of this license.

Sincerely yours,

OFFICE OF THE TOWN CLERK



Diane M. Terranova  
Town Clerk

DMT/dm  
Encl.

cc: Town Board Members

COPY

COPY

COPY

COPY

**TOWN OF LANCASTER**  
**21 Central Avenue**  
**Lancaster, New York 14086**  
**Office Of The Town Clerk**

☐ Original License Application  
☒ Renewal License Application

Application For License Pursuant to the Provisions of Chapter 275 of the Code of the Town of Lancaster entitled:

**SALVAGE YARDS**

Location of Place of Business:

955 RANSOM RD  
LANCASTER, NY 14086

Zoning of Place of Business:

LI

955 RANSOM RD  
LANCASTER, NY 14086

Premises are owned or leased by applicant (circle one). If leased, attach copy of lease.

**INFORMATION ON APPLICANT**

Name of Applicant:

J. RENTAS & SONS INC.  
ABC AUTO, LLC.

Anthony E. RENTAS

Street Address:

955 RANSOM RD

City/Town/Village:

LANCASTER NY 14086

Phone:

(Home)

716 681-0479

(Business)

716 681-5459

Date of Birth:

3/17/1972

**Corporate Applicants:**

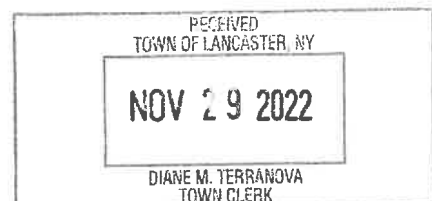
Use Exhibit "A" to list the name, address, corporate position, date of birth and past five (5) year residences of each corporate officer, director, or holder of ten percent (10%) or more of corporate stock of the applicant corporation.

**Co-partnerships Applicants:**

Use Exhibit "A" to list information on partners.

**Individual Owner Applicants:**

Use Exhibit "A" to list information on self.



---

---

### INSURANCE REQUIREMENT

Applicant must attach to the application proof of insurance indicating current insurance coverage for Worker's Compensation and Disability Benefits Insurance on the applicant's employees. **Please note that Acord forms are not acceptable proof of New York State Workers' Compensation or disability benefits insurance coverage. Please use NYS Workers Compensation Board Certificate of Insurance Form C105.2 or U26.3.**

Anthony E. Rendas  
Print Name of Applicant

Anthony E. Rendas  
Signature and Title

Date: 11-28, 2022

\$250.00 non-refundable application fee received on (Date) 11-29-22 K-7631  
250.00

File: LICSA LVG.APP (P1)

**ACKNOWLEDGMENTS**

**INDIVIDUAL**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the petitioner, and known to me to be the individual described in and who executed the foregoing instrument and \_he acknowledged to me that \_he executed the same for the purpose herein stated.

\_\_\_\_\_  
Notary Public or Deputy Town Clerk

**CORPORATE**

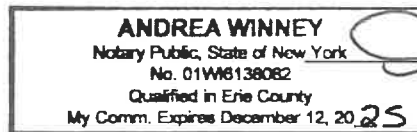
STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this 28 day of November, 2022 before me personally appeared Anthony E. Renkas, known to me, who, being by me first duly sworn, did depose and say that \_he resides in Lancaster, NY, that \_he is the Officer of the corporation described in and which executed the foregoing instrument; that \_he knows the Corporate Seal of said corporation; that the Corporate Seal affixed to said instrument is such Corporate Seal; that it was affixed by order and authority of the Board of Directors of said corporation; and that \_he signed his/her name thereto by like order and authority for the purposes herein stated.

**CORPORATE SEAL**



Andrea Winney  
Notary Public or Deputy Town Clerk

**PARTNERSHIP**

STATE OF NEW YORK

SS:

COUNTY OF ERIE

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, the petitioner, and known to me to be one of the firm of \_\_\_\_\_ described in and who executed the foregoing instrument and \_he acknowledged to me that \_he executed the same as and for the act and deed of said firm, for the purposes therein stated.

\_\_\_\_\_  
Notary Public or Deputy Town Clerk

**CORPORATE SEAL**

**Exhibit 'A'**  
**Information on Applicant**

Name Anthony E. RENEAS Date of Birth 3/17/72  
(Circle Status) - Officer - Director - 10% Stockholder - Partner - Owner  
Street Address: 759 RANSOM RD  
City/Town/Village: LANCASTER, NY 14086  
Phone: (Home) 716 681-0479 (Office) 716 681-5454  
List prior address (past 5 years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Circle Status) - Officer - Director - 10% Stockholder - Partner - Owner  
Street Address: \_\_\_\_\_  
City/Town/Village: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_  
List prior address (past 5 years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Circle Status) - Officer - Director - 10% Stockholder - Partner - Owner  
Street Address: \_\_\_\_\_  
City/Town/Village: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_  
List prior address (past 5 years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_



## **SECTION 809 - DISCLOSURE CERTIFICATE**

CERTIFICATE REQUIRED TO BE EXECUTED BY EVERY APPLICANT FOR A VARIANCE, AMENDMENT, CHANGE OF ZONING, APPROVAL OF A PLAT, EXEMPTION FROM A PLAT OR OFFICIAL MAP, LICENSE OR PERMIT, PURSUANT TO THE PROVISIONS OF ANY ORDINANCE, LOCAL LAW, RULE OR REGULATION CONSTITUTING THE ZONING AND PLANNING REGULATIONS OF THE TOWN OF LANCASTER (SEE ATTACHED EXCERPT FROM GENERAL MUNICIPAL LAW)

---

### **CERTIFICATION A**

1. The undersigned applicant, as defined in Section 809 of the General Municipal Law of the State of New York, for a (**underline appropriate application**) variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, hereby certifies that no State officer, or officer or employee of the County of Erie or Town of Lancaster, as defined in said section, has an interest in the person, partnership or association making application for said J. RENKAS & SONS Inc

2. I understand that any person who knowingly and intentionally violates the provisions of Section 809 of the General Municipal Law of the State of New York shall be guilty of a misdemeanor.

X 

X \_\_\_\_\_

---

### **CERTIFICATION B**

1. The undersigned applicant, as defined in Section 809 of the General Municipal Law of the State of New York, for a (**underline appropriate application**) variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, hereby certifies that \_\_\_\_\_ is a State officer, or officer or employee of the County of Erie or Town of Lancaster, as defined in said section, who has an interest in the person, partnership or association making application for said \_\_\_\_\_ and that the extent of such interest is \_\_\_\_\_.

2. I understand that any person who knowingly and intentionally violates the provisions of Section 809 of the General Municipal Law of the State of New York shall be guilty of a misdemeanor.

X \_\_\_\_\_

X \_\_\_\_\_

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

NOTICE OF COMPLIANCE  
DISABILITY BENEFITS LAW  
TO EMPLOYEES

1. If you are unable to work because of an illness or injury not work-related, you may be entitled to receive weekly benefits from your employer, or his or her insurance company, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form, within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Use one of the following claim forms:  
-If, when your disability begins, you are employed or are unemployed for four weeks or less, use claim form DB-450, which you may obtain from your employer, his or her insurance carrier, your health provider or any office of the Workers' Compensation Board, and send it to your employer or the insurance carrier named below.  
-If, when your disability begins, you have been unemployed more than four weeks, use claim form DB-300, which you may obtain from any Unemployment Insurance Office, your health provider or any office of the Workers' Compensation Board. Send completed claim form to the Workers' Compensation Board, Disability Benefits Bureau, Albany, New York 12241.  
**IMPORTANT:** Before filing your claim, your health care provider must complete the "Health Care Provider's Statement" on the claim form, showing your period of disability.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provides for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271).
7. Other information about Disability Benefits may be obtained by writing or calling the nearest Workers' Compensation Board Office.

**WORKERS' COMPENSATION BOARD OFFICES**

Albany, 12241 - 100 Broadway-Menands - (866) 750-5157  
Binghamton, 13901 - State Office Bldg.-44 Hawley St.- (866) 802-3604  
Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373  
Buffalo, 14202 - Statler Towers - 107 Delaware Ave. - (866) 211-0645  
Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354  
Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630  
New York, 10027 - 215 W.125th St. - Manhattan - (800) 877-1373  
Peekskill, 10566 - 41 North Division St. - (866) 746-0552  
Queens, 11432 - 168-46 91st Ave. - Jamaica (800) 877-1373  
Rochester, 14614 - 130 Main Street West - (866) 211-0644  
Syracuse, 13203 - 935 James St. - (866) 802-3730

The undersigned employer is in compliance with the provisions of the Disability Benefits Law  
(El patrón abajo firmante está en conformidad con las disposiciones de la Ley de Beneficios por incapacidad).  
Disability Benefits, when due, will be paid by (Los Beneficios por incapacidad, cuando debidos, serán pagados por):

<b>THE STATE INSURANCE FUND</b>	
NYSIF Document Control Center-Disability Underwriting	
1 Watervliet Ave Ext, Albany, NY 12206	
(866) 697-4332	
Effective: From <b>05/08/2022</b>	To <b>05/08/2023</b>
(En Vigor Desde)	(Hasta)
Policy No. <b>DBL 5621 33-0</b>	
(Poliza No.)	

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES  
PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

LA JUNTA DE COMPENSACION OBRERA EMPLEA  
Y SIRVE A PERSONAS INCAPACITADAS SIN DISCRIMINAR.

Prescribed by Chair  
Workers' Compensation  
Board State of New York

DB-120 (7-09)

ESTADO DE NUEVA YORK  
JUNTA DE COMPENSACION OBRERA

AVISO DE CUMPLIMIENTO  
LEY DE BENEFICIOS POR  
INCAPACIDAD A LOS EMPLEADOS

1. Si usted no puede debido a enfermedad o lesión no relacionada con el trabajo, podría tener derecho a recibir beneficios semanales de su patrón o de la compañía de seguros de él/ella o del Fondo Especial para Beneficios por Incapacidad.
2. Par reclamar beneficios usted debe presentar una forma de reclamación, dentro 30 días a partir de la primera fecha de su incapacidad, pero en ningún caso más de 26 semanas de dicha fecha.
3. Use una de las siguientes formas de reclamación:  
-Si, cuando comience su incapacidad usted a ésta empleando o ha estado desempleado por cuatro semanas o menos, use la forma de reclamación (Form DB-450), la cual puede obtener de su patrón o de la compañía de seguros de él/ella, o de su proveedor de cuidados de salud, o bien de cualquier oficina de la Junta de Compensación Obrera, y envíela a su patrón o a la compañía de seguros nombrada abajo.  
-Si, cuando comience su incapacidad, usted ha estado desempleado más de cuatro semanas, use la forma de reclamación (Form DB-300), la cual puede obtener en cualquier Oficina de Seguro Desempleo, de su proveedor de salud, o bien de cualquier oficina de la Junta de Compensación Obrera. Envíe la forma de reclamación, debidamente terminada, a Workers' Compensation Board, Disability Benefits Bureau, Albany, New York 12241.  
**IMPORTANTE:** Antes de presentar usted su reclamación, es necesario que su proveedor de salud complete la declaración del médico ("Health Care Provider's Statement") en la forma de reclamación, indicando el periodo de su incapacidad.
4. Usted tiene derecho a ser tratado por cualquier médico, quiropráctico, dentista, enfermera-partera, podiatra o psicólogo que usted elija. Pero, contrario a la compensación obrera, sus cuentas médicas no serán pagadas a menos que su patrón y/o Union proporcione pago de tales cuentas médicas bajo un Plan o Convenio de Beneficios por Incapacidad.
5. Si estuviera usted enfermo o lesionado durante el tiempo que esté recibiendo beneficios del Seguro de Desempleo, presente una reclamación para Beneficios por Incapacidad, siguiendo las instrucciones arriba descritas, tan pronto como sufra la lesión o la enfermedad.
6. Si usted está desempleado por mas de siete días, su patrón está obligado madarle a usted la Declaración de Derechos de Beneficios por Incapacidad (Form DB-271).
7. Otras informaciones relativas a Beneficios por Incapacidad pueden obtenerse escribiendo o llamando a la oficina más cercana de la Junta de Compensación Obrera

Clarissa M. Rodriguez  
Chair (Presidenta)

www.wcb.state.ny.us

The benefits provided are (Los beneficios provistos son)

<input checked="" type="checkbox"/> Statutory (Estatutarios)	<input type="checkbox"/> Under a Plan or Agreement (Bajo un Plan o Convenio)
---	---

Class(es) of employees covered (Clases(s) de empleados amparados)

Name of Employer (Nombre del patrón)

By **AJ'S AUTO LLC**

**THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND  
ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.**

## AVISO DE CUMPLIMIENTO



6008 Genesee Street  
Lancaster, NY 14086  
November 11, 2022

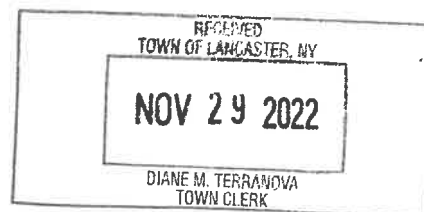
Mr. Ronald Ruffino, Supervisor  
Town of Lancaster  
21 Central Avenue  
Lancaster, NY 14086

Dear Supervisor Ruffino,

I am writing on behalf of the Lancaster Public Library Board of Trustees regarding the proposed renovation of staff space at the library. For background information, I refer you to the 2022 timeline below:

- In January, the library board began discussing and planning for the renovation.
- In February, Greg Topol of MGR provided us with a \$42,200 estimate for the project, incorporating the changes we wanted.
- In April, at Councilman Leary's suggestion, we received a quote from Carmen Ciccarelli of \$10,000. His suggestions for the renovation were unsatisfactory, and he subsequently did not submit the specifications and estimate we requested from him.
- In May Mr. Leary agreed that the town would send out requests for bids.
- In June, Mr. Leary reported that requests for bids had gone out.
- In July we learned that one bid had been submitted – from MGR – for \$56,000 (including a \$6,300 increase and a \$7,500 contingency);
- In August, the library board voted to expend \$56,000 for MGR to renovate the staff room; the board also voted to recommend that the Town Board accept the bid from MGR.
- In September we learned through Ed Schiller that the bid request was being sent out again.

Communication about the second bid process was largely through Ed Schiller. Councilman Leary, the liaison to the library, has not attended a library board meeting for the past three months, so we have had no direct conversation with him except for the emailed copy of the draft bid request itself on September 26.



On November 11, Ed Schiller communicated to Kara Stock, the library director, and me that the second request for bids resulted in one bid totaling \$140,350, an increase of \$84,350 or more than double that of the original MGR bid. One provision of the bid process was that the bidder(s) was to visit the library to look at the site for the renovation. No one has done this except MGR earlier in the year.

In the time that we have been trying to get this project started, prices have increased. While we want to be cost-conscious, too, we are not spending tax dollars; the library board is using donated funds to make this much-needed improvement. This work will greatly enhance the appearance and value of a building the town owns.

With regard to this project, the purpose of the library board has always been to give our employees renovated staff space that is at least as well-done and attractive as the public restrooms that were recently remodeled. MGR did that work, and we were extremely satisfied with their work, the results, and their timeline. Our experience with MGR was very positive; there is no reason whatsoever that we would not want to engage them for this project.

The members of the library board are anxious to get this project started and concluded. We strongly recommend that MGR be retained to complete this renovation as soon as their schedule permits.

Sincerely,

A handwritten signature in cursive script, reading "Suzanne Jacobs".

Suzanne Jacobs, President  
Board of Trustees  
Lancaster Public Library

Cc: Kara Stock, Library Director  
Councilman Mark Burkhart  
Councilman Adam Dickman  
Councilman Robert Leary  
Councilman David Mazur  
Board of Trustees, Lancaster Public Library



# Town of Lancaster

*Office of The Town Attorney*

21 Central Avenue  
Lancaster, New York 14086

(716) 684-3342

Fax: (716) 681-7475

November 28, 2022

**Leza E. Braun**

*Legal Assistant*

lbraun@lancasterny.gov

Mr. David Denk  
Regional Administrator  
N.Y.S. DEC

Mr. Matt Salah  
Coordinator of Construction Projects  
Division of Sewerage Management

Mr. Garrett Hacker, P.E.  
Erie County DPW  
Division of Highway

Mr. Russell Stoll, P.E.  
Erie County Water Authority

Ms. Jennifer Delaney  
Erie County Health Department

Ms. Mariely Ortiz  
LIDA Review Planner

US Army Corp of Engineers  
SEQRA Review

Re: Coordinated Review  
Preliminary Plat Pine Hill Estates #1619  
10 SFH; 611 Pavement Rd  
Town of Lancaster, County of Erie

All:

Please be advised that a private developer has presented a proposed preliminary plat-plan for the construction of a 10-lot single family residential subdivision on a +/- 75-acre parcel of land located at 611 Pavement Road (SBL No. 94.00-3-10) in the Town of Lancaster and which the Town has determined to be an "Unlisted Action" under SEQRA.

The Town Board of the Town of Lancaster advised the developer that an Application and Environmental Assessment Form (EAF) was to be submitted to the Town of Lancaster in order to commence a review of the proposed project under SEQRA.

The developer has submitted the application and EAF and the Town Board of the Town of Lancaster is now notifying all other agencies which may be involved in the approval of this project that within thirty (30) days of the mailing of the enclosed EAF, a lead agency must be designated by agreement among the agencies.

The anticipated impact of this project is primarily of local significance and the Town of Lancaster desires to act as lead agency in investigation and review of the proposed action.

Very truly yours,

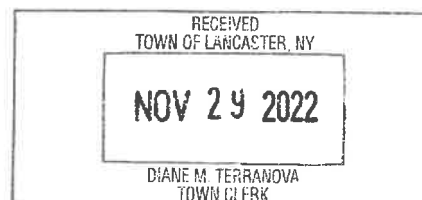
Leza Braun

Legal Assistant to Town Attorney

TEF:lb

Encs.

CC: PB Liaison  
Town Clerk  
Code Officer  
Engineer





# Town of Lancaster

## Office of The Town Attorney

21 Central Avenue  
Lancaster, New York 14086  
P: (716) 684-3342  
F: (716) 681-7475

793  
THOMAS E. FOWLER, JR

Town Attorney  
Tfowler@lancasterny.gov

Leza E. Braun

Legal Assistant  
Lbraun@lancasterny.gov

November 28, 2022

Mr. David Denk  
N.Y.S. DEC

Mr. Matt Salah  
Division of Sewerage Management

US Army Corps of Engineers  
SEQRA Referral

Mr. Ron Hays  
NYS D.O.T

Erie County Water Authority

DEP Office of Agriculture

Ms. Jennifer Delaney  
Erie County Health Department

Ms. Mariely Ortiz, Review Planner  
Erie County D.E.P.

Re: Lead Agency Designation;  
(REVISED) Rezone from Agricultural Residential to General Commercial of  
00 Broadway St. (SBL No. 116.00-3-3.1)  
Site Plan for Proposed office and storage facility of hardwood flooring materials  
Town of Lancaster, County of Erie

All:

Please be advised that a private developer has submitted a rezone application and site plan for the proposed construction of a office and storage facility of hardwood flooring materials, to be located at 00 Broadway St. (SBL No. 116.00-3-3.1) on a ±44acre parcel and which has been determined to be a "Type 1" Action under SEQRA.

In accordance with the requirements of SEQRA, the Town of Lancaster has declared its intent to act as the SEQRA "Lead Agency" and provide for a coordinated review of the action.

As an involved or interested Agency, this notice is directed to you in accordance with the provisions of Article 8 of the Environmental Conservation Law and 6NYCRR Part 617 of the SEQRA implementing regulations to evaluate the following: (1) your agency's potential jurisdiction in the proposed action; (2) your agency's concurrence that the Town of Lancaster act as Lead Agency; and (3) issues that your agency believes should be addressed in the SEQRA process.

The developer has prepared Part 1 of the Long Environmental Assessment Form (EAF) in order to commence the review of the proposed project under SEQRA. A copy of which is enclosed along with a site map.

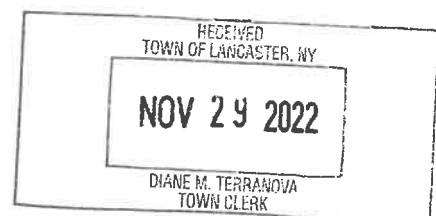
By SEQRA regulation, if the Town does not receive a reply from an agency within thirty (30) days of this notification, it will automatically assume the Lead Agency role.

Very truly yours,

Thomas E. Fowler, Jr., Esq.  
Town Attorney

TEF:lb  
Encs.

cc: PB Liaison (letter only)  
Town Clerk (letter only)  
Building Inspector (letter only)  
Town Engineer (letter only)  
Lancaster ZBA (letter only)





# Town of Lancaster

794

BUILDING DEPARTMENT  
21 CENTRAL AVENUE  
LANCASTER, NEW YORK 14086  
716-684-4171  
FAX 685-5317

11/29/2022

The Honorable Town Board  
Town of Lancaster  
21 Central Ave.  
Lancaster, NY 14086

**Re: AUTHORIZATION TO REMOVE VEHICLE GPS EQUIPMENT**

Honorable Board Members,

The Building and Zoning Department is requesting authorization from the Town Board to remove GPS equipment from the remaining fleet of the Department Vehicles.

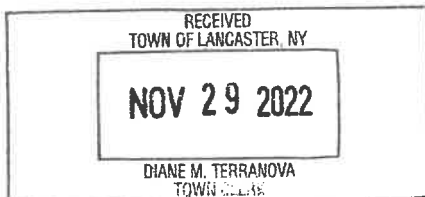
It has come to my attention the software system is no longer in use and devices have not been retrieved from replaced vehicle units.

Upon your approval, arrangements will be made to remove the remaining devices and return them to the Town.

Sincerely,

Matt Fischione, Code Enforcement Officer/ZEO/CFM/SMO  
Town of Lancaster Building and Zoning Department

MF







# Town of Lancaster

## BUILDING DEPARTMENT

21 CENTRAL AVENUE  
LANCASTER, NEW YORK 14086  
716-684-4171  
FAX 685-5317

11/29/2022

The Honorable Town Board  
Town of Lancaster  
21 Central Ave.  
Lancaster, NY 14086

**Re: SPECIAL USE PERMIT RENEWAL**  
MJJ Property Management, LLC.  
6140 Genesee St.

In response to the request for renewal of a Special Use Permit for the purpose of Mulching, Shredding, & Processing materials, an onsite inspection was completed on November 29, 2022 and found compliant.

Although permitted by the NYSDEC, MLR File #90446, no activity was observed.

Therefore, a recommendation to approve the permit is appropriate with the original conditions:

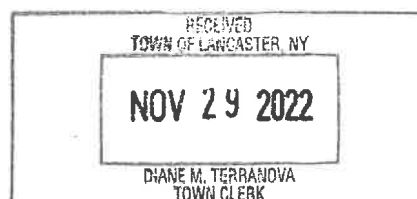
- No more than 10,000 cubic yards are to be stored at any one time on the area located on the proposed site plan.
- Dust and odor remediation practices are in place.
- Shredding & Processing operations to be conducted during normal business hours, Monday-Friday, 7am-5pm.
- Vehicles are to remain on a paved surface and at no time is vehicle traffic onto unpaved areas.
- Mining Activities will require permitting upon commencement pursuant to Town Code, Chapter 163, Excavations.

Thank you,

Matt Fischione, Code Enforcement Officer/ZEO/CFM/SMO  
Town of Lancaster Building and Zoning Department

MF

CC: Thomas Fowler, Jr., Town Attorney





# Town of Lancaster

BUILDING DEPARTMENT  
21 CENTRAL AVENUE  
LANCASTER, NEW YORK 14086  
716-684-4171  
FAX 685-5317

11/29/2022

The Honorable Town Board  
Town of Lancaster  
21 Central Ave.  
Lancaster, NY 14086

**Re: SPECIAL USE PERMIT RENEWAL**  
Northeast Diversification  
954 Ransom Rd. aka 2 Cadby Industrial Park

A request for renewal of a Special Use Permit Application has been reviewed.  
The 20+/- acre Parcel is located in the GI District.  
Northeast Diversification uses most of the parcel as a Contractors Yard and occupies the buildings noted as 2 Cadby Industrial Park.  
A Site inspection completed on November 29, 2022, revealed an orderly and compliant operation.

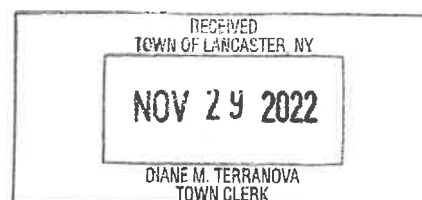
Therefore, a recommendation for renewal is suggested with the same conditions.

Respectfully,

Matt Fischione, Code Enforcement Officer  
Town of Lancaster Building Department  
21 Central Avenue  
Lancaster, NY 14086

MF

Cc: Diane Terranova, Town Clerk  
Thomas Fowler, Jr., Town Attorney





# Town of Lancaster

BUILDING DEPARTMENT  
21 CENTRAL AVENUE  
LANCASTER, NEW YORK 14086  
716-684-4171  
FAX 685-5317

11/29/2022

Diane Terranova, Town Clerk  
Town of Lancaster  
21 Central Avenue  
Lancaster, New York 14086

**RE: Ed Henning, Inc.**  
**911 Ransom Road**  
Application for 2023 License to Conduct a Salvage Yard

Dear Ms. Terranova:

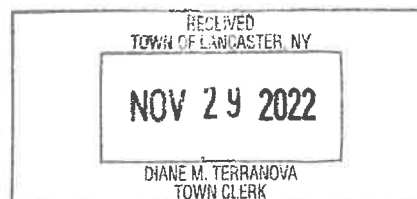
The above referenced property, 911 Ransom Road, was inspected on 11/29/2022 and was found to be compliant with Town Code, Chapter 275 Salvage Yards and Chapter 400-23 D Junkyard/Salvage Yard Design Standards.

Renewal of this license to Ed Henning, Inc. at 911 Ransom Road, Lancaster, New York for the year 2022 is appropriate.

Sincerely,

Matt Fischione, Code Enforcement Officer/ZEO/CFM/SMO  
Town of Lancaster Building and Zoning Department

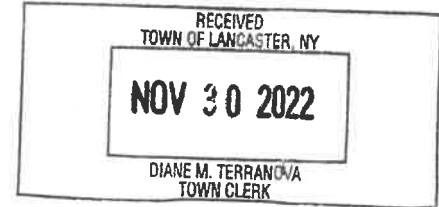
MF





**Mark Meyerhofer**  
Senior Director  
Government Affairs

November 30, 2022



Re: Charter Communications Notification

Dear Municipal Official:

Spectrum Northeast, LLC ("Spectrum"), is making its customers aware that Azteca America Network will discontinue programming on December 31, 2022. Accordingly, Spectrum will cease carriage of Azteca America Network on channel 806 on the channel lineup serving your community.

To view a current Spectrum channel lineup visit [www.spectrum.com/channels](http://www.spectrum.com/channels).

If you have any questions, please feel free to contact me at 716-686-4446 or via email at [Mark.Meyerhofer@charter.com](mailto:Mark.Meyerhofer@charter.com).

Sincerely,

A handwritten signature in cursive script that reads "Mark Meyerhofer".

Mark Meyerhofer  
Senior Director, Government Affairs  
Charter Communications

799

DIANE M. TERRANOVA, TOWN CLERK  
TOWN OF LANCASTER  
21 CENTRAL AVE.  
LANCASTER, N.Y. 14086  
AREA CODE 1-716 683-9028

COPY

November 30, 2022

Paul P. Stephan  
6355 Broadway  
Lancaster, New York 14086

**Re: SPECIAL USE PERMIT  
6355 Broadway**

Dear Mr. Stephan:

COPY

According to the resolution adopted by the Town Board of the Town of Lancaster on January 19, 2021 granting you a Special Use Permit to operate a Warehouse and Storage Services Facility located at 6355 Broadway, this permit shall expire on January 18, 2023.


In order for you to continue in compliance, you must file a letter addressed to the Town Board, in care of the Town Clerk's Office, requesting a renewal of this permit. Please send proof of a valid New York Tax Employer Identification number, if applicable a copy of your New York State business license from the appropriate regulatory agency for the service provided.

The Code Enforcement Officer will inspect your operation to be sure of your compliance to all conditions stipulated in your permit before your Special Use Permit is renewed.

Sincerely yours,

OFFICE OF THE TOWN CLERK

COPY

  
Diane M. Terranova  
Town Clerk

DMT/dm  
Encl.

cc: M. Fischione, Code Enforcement Officer  
Town Board  
T. Fowler, Town Attorney

COPY

COPY

T.C. Comm.

**NOTICE OF SITE PLAN REVIEW**

November 22, 2022

**Notice of Planning Commission Project Review**

**Subject Premises:** Fattey Beer Co.  
1 W. Main St.  
Lancaster, New York 14086

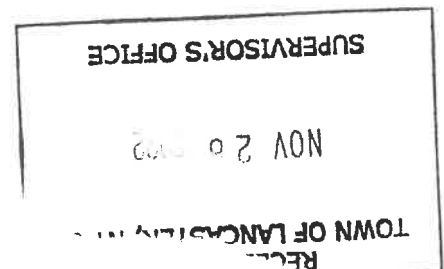
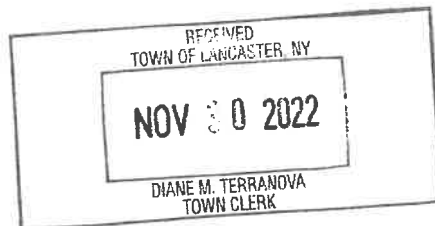
**Date & Time:** December 15, 2022 @ 7:00p.m.

**Location:** Council Chambers  
Lancaster Municipal Building  
5423 Broadway  
Lancaster, New York 14086

**Brief description of Proposed Action:**

1. Proposed Exterior Painting
2. Proposed Exterior Awning
3. Proposed Exterior Signage
4. Proposed Seasonal Exterior Space

To review the materials presented by the Applicant, go to the Village Clerk's Office in the Municipal Building at 5423 Broadway, Lancaster, New York 14086.



T.C. Comm.

November 23, 2022

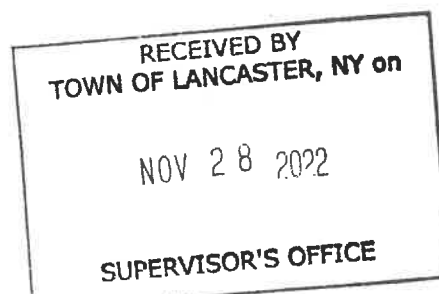
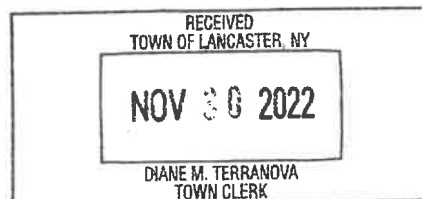
**Notice of Site Plan Review**

**Subject Premises:** 19 West Main Street, Suite 500  
Lancaster, New York 14086

**Date & Time of Site Plan Review:** December 15, 2022 @ 7:00 pm  
Council Chambers  
Lancaster Municipal Building  
5423 Broadway  
Lancaster, New York 14086

**Brief Description of Proposed Action:** Change of Use  
From vacant store front to women's consignment  
boutique, Emily's Closet, LLC.

To review the materials presented by the Applicant, go to the Village Clerk's Office the the  
Municipal Building at 5423 Broadway, Lancaster, New York 14086.



**SUPERVISOR**  
Ronald Ruffino Sr.

**COUNCIL MEMBERS**  
Adam Dickman  
David Mazur  
Robert Leary  
Mark Burkard

*T.C. Comm.*  
*[Signature]*



802  
**Deputy Highway Superintendent**  
Michelle Barbaro

525 Pavement Road  
Lancaster, NY 14086  
716-684-3320 phone  
716-685-3497 fax

November 29, 2022

COMMUNICATIONS

Supervisor Ronald Ruffino  
and Honorable Council Members  
Town of Lancaster  
21 Central Avenue  
Lancaster, NY 14086

Dear Supervisor Ruffino and Honorable Council Members:

I respectfully submit the following individual for your consideration to be appointed to the position of part-time permanent employee in the Parks, Recreation & Forestry Department. The position will be for 19.75 hours a week without benefits.

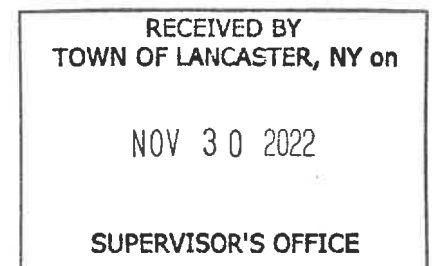
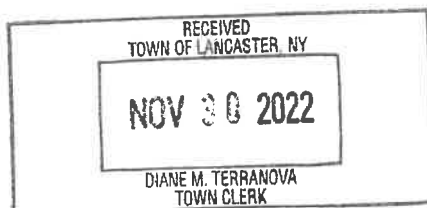
<u>NAME</u>	<u>POSITION</u>	<u>PAY RATE/HR.</u>	<u>EFFECTIVE</u>
Sandra NeVille Lancaster	Cleaner	\$15.92	December 6, 2022

Should you approve, I would like to request that a resolution be placed on the agenda for the Monday, December 5, 2022, Town Board meeting.

Sincerely,

*Michelle Barbaro*  
Michelle Barbaro  
Deputy Highway Superintendent

MB:jw





# LANCASTER POLICE DEPARTMENT 803



WILLIAM J. KARN, JR.  
CHIEF OF POLICE



525 PAVEMENT ROAD  
LANCASTER, NY 14086



TEL: (716) 683-2800  
FAX: (716) 681-2352

November 28, 2022

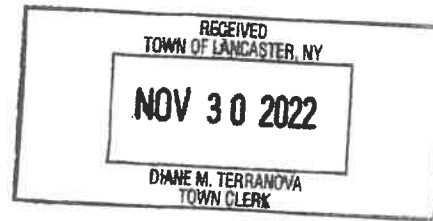
Neil Connelly

Planning Board Chairman

2255 Como Park Blvd.

Lancaster, NY 14086

RE: Site Plan Review- Project #2158



Mr. Connelly,

The Lancaster Police Department has no objection to the above listed project.

A handwritten signature in dark ink, appearing to read "M. Laurienzo".

Marco A. Laurienzo

Patrol Captain

Lancaster Police Department

Cc: William Karn, Police Chief

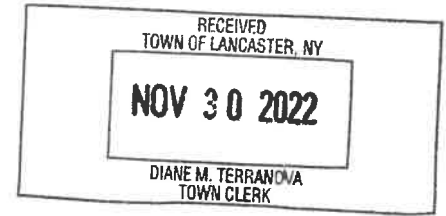
Matt Fischione, Code Enforcement

Diane Terranova, Town Clerk —

November 30, 2022

**Lancaster Town Board**

**Re: Condominium Law 339-y changes**



**Honorable Board Members:**

At the November 7<sup>th</sup> Town Board work session Town Assessor Rebecca Baker presented the changes in Condominium Law 339-y regarding exemption allowance. There is a scheduled assessment meeting for December 8<sup>th</sup> to again review the exemption law changes. In lieu of the changes enacted on Condominium Law 339-y, I offer the following comments.

At the November 7<sup>th</sup> town board work session Assessor Rebecca Baker stated:

*“The state passed a law which no longer allows homes like the one on Blackstone, individual free-standing homes, to receive condo status,” declared Baker. “What is currently there will be grandfathered in forever. However, any new condo homes like that would not get the discount. However, they (Albany Legislature) are also offering to each municipality taxing area the opportunity to say, ‘we don’t want any condo status.’ So even the ones that are like patio homes, the townhouses, those that currently get condo status, the board can say ‘we don’t want to offer that.’ That requires action, resolution, local law...”*

*Baker said she was just bringing this to the board’s attention because 2023 is soon and decisions will have to be made. Councilman Leary asked whether the condo status change would only affect new builds. He was told that was the change which only makes sense. Those already receiving condo status should not be punished for what was the law at the time. Baker declared all this has to be settled by March 1, 2023, taxable status day.*

**Fairness**

Assessor Baker stated: *Those already receiving condo status should not be punished for what was the law at the time.* In fairness, at the time the homeowner sells their dwelling that significant assessment reduction should be terminated – reverted to any new reduction determined by the town.

Over the years I have been very vocal on the excessive assessment reductions provided to Homeowner Associations (HOA’s) that far exceed their costs to provide for services not provided by the town – infrastructure, road repair and paving, snow removal, etc. Assessments reductions of 40-50% that exceeded their entire HOA fee.

In fairness, I believe HOA’s should receive compensation for the services they pay to provide services that the town does not provide. It is not rocket science for an HOA to determine those

costs. There is disparity when it comes to HOA age, value, etc. The town should be able to come up with an equitable deduction percentage formula.

In fairness, the town's 1996 'no conversion' clause that prohibited HOA's from receiving Condominium 339-y Law tax reduction consideration should be revisited. Those Associations were already HOA's, petitioned for receiving compensation, and were denied. Denied because occupancy had taken place before petitioning the NYS Attorney General's Office for condo status tax relief. Thirteen such HOA's, 665 units are paying full town taxes and receiving no compensation consideration for services not provided by the town. Of the 13 HOA's not receiving assessment reductions, 398 of the 665 units come from 5 HOA's. It is time to revisit that unjust decision and right that wrong.

Lee Chowaniec  
Lancaster, NY

CC:

Town Board members  
Assessor Rebecca Baker  
Attorney Tom Fowler

# LANCASTER POLICE DEPARTMENT 805



WILLIAM J. KARN, JR.  
CHIEF OF POLICE

*T.C. Comm.*  
*PD*



525 PAVEMENT ROAD  
LANCASTER, NY 14086



TEL: (716) 683-2800  
FAX: (716) 681-2352

November 28, 2022

Supervisor Ruffino and Lancaster Town Board  
21 Central Avenue  
Lancaster, NY 14086

Re: filling vacant P.S.D. position

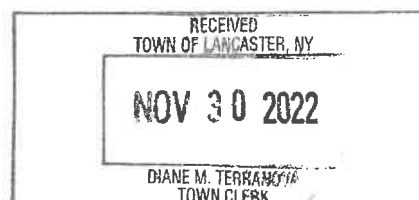
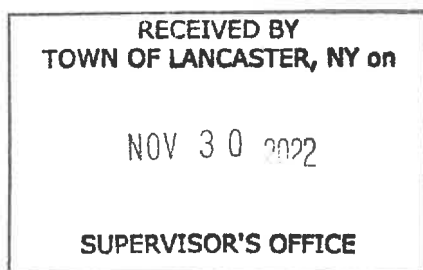
Dear Supervisor Ruffino and Honorable Town Board,

Pursuant to civil service requirements, please be advised that I have selected Stephen Rozler of \_\_\_\_\_ in Lancaster to be appointed to the position of public safety dispatcher in the Police Department. This appointment would fill a vacant public safety dispatcher position that was funded and approved in the 2023 budget.

It is respectfully requested that the Town Board approve this appointment at the next regular meeting with an effective starting date of January 1, 2023.

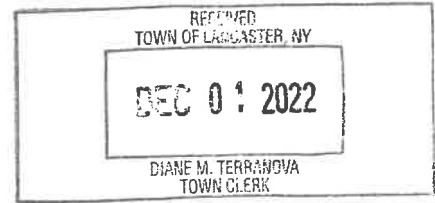
Sincerely yours,

*William J. Karn Jr.*  
William J. Karn Jr.  
Chief of Police



November 30, 2022

Ms. Diane Terranova  
Town Clerk  
21 Central Ave  
Lancaster N.Y. 14086



I have enjoyed being your Lancaster's Towns Bingo inspector made many new friends and have renewed friendships. I would like to be considered and continue on for the year 2023.

Thank You

*Patrick Farruggio*

Patrick Farruggio

# LANCASTER POLICE DEPARTMENT 807



WILLIAM J. KARN, JR.  
CHIEF OF POLICE

T.C. Comm.  
RD



525 PAVEMENT ROAD  
LANCASTER, NY 14086



TEL: (716) 683-2800  
FAX: (716) 681-2352

November 28, 2022

Supervisor Ruffino and Lancaster Town Board  
21 Central Avenue  
Lancaster, NY 14086

Re: Clerk typist/administrative assistant position

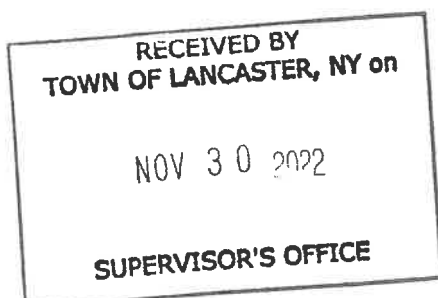
Dear Supervisor Ruffino and Honorable Town Board,

This letter is to advise you that I have selected Lisa Zajac of \_\_\_\_\_ in Lancaster to be appointed to fill the soon to be vacant position of clerk typist/administrative assistant in the Police Department, pursuant to all relevant New York State civil service law related to filling the position.

It is respectfully requested that the Town Board approve this appointment at the next regular meeting, with an effective date of December 19, 2022.

Sincerely yours,

William J. Karn Jr.  
Chief of Police



808

# LANCASTER POLICE DEPARTMENT



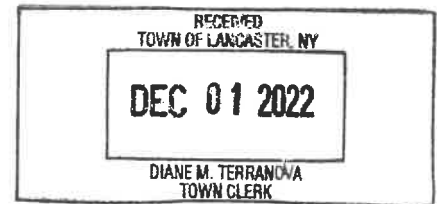
WILLIAM J. KARN, JR.  
CHIEF OF POLICE



525 PAVEMENT ROAD  
LANCASTER, NY 14086



TEL: (716) 683-2800  
FAX: (716) 681-2352



## MEMORANDUM

**TO:** Diane Terranova, Town Clerk

**FROM:** Chief William J. Karn, Jr.

**DATE:** December 1, 2022

**SUBJECT:** Articles/Communications

---

Please place the attached documents on communications.

If there are any questions, please feel free to contact me.

Enclosures

# LANCASTER POLICE DEPARTMENT



WILLIAM J. KARN, JR.  
CHIEF OF POLICE



525 PAVEMENT ROAD  
LANCASTER, NY 14086



TEL: (716) 683-2800  
FAX: (716) 681-2352

## MEMORANDUM

**TO:** Officer Keith Doktor

**FROM:** Chief William J. Karn, Jr. 

**DATE:** 11/21/2022

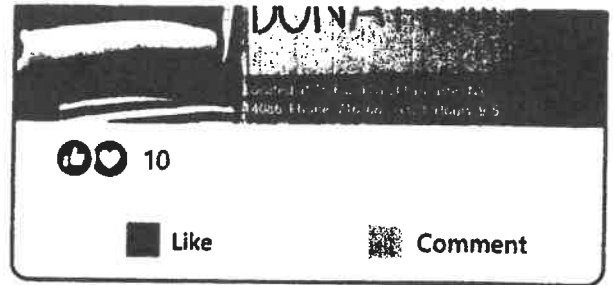
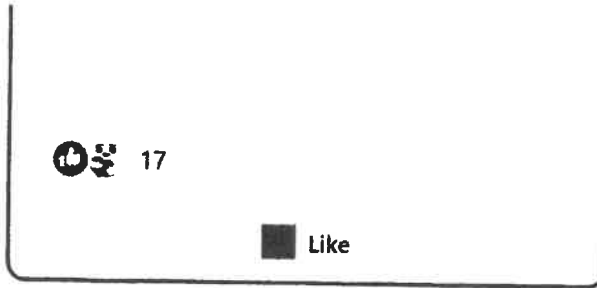
**SUBJECT:** CNO #22-220394

---

The attached Facebook entry was posted by Brenda Hopkins on a Lancaster Neighbors Helping Neighbors page. She was obviously impressed by you taking the time to go to their residence to notify them of the situation and asking them to move their vehicle, rather than just towing it from the school lot. Thank you for handling this situation with courtesy and respect and for representing our Police Department in a positive manner.

A copy of this memo will be placed in your personnel file.





## From notifications

**Brenda Hopkins**

22h · 🌐



Amongst all of the negativity surrounding the snow recently, I would like to give a huge shoutout to the professionalism of the lancaster ny police dept.

My youngest son had to work until 3am this morning and could not get into our driveway because the plows buried the driveway entrance in with snow. After much debate with my husband trying to decide if we go and shovel/snowblower at 3am or just park in the street and take the ticket, my husband told my son to park at the middle school (3blocks away) and walk home and we would get his car early today.

Everything worked out great until 7am this morning when we heard a knock at the door and saw the lancaster PD. It turns out the school maint. Services were trying to plow the parking lot and wanted our car moved immeidately. So, instead of having our vehicle towed and costing hundreds of dollars to retrieve it the officer decided to come and notify us and respectfully ask us to move it. Any other jurisdiction would have towed it with no questions asked.

Very thankful to live in Lancaster and very lucky to have courteous and professional officers on our force! Ty!! Much appreciated.

Lancaster, N.Y. Police Department



Lisa Stone, Kathy Krug Staskiewicz and 662 others

15 Comments

Like

Comment

Send

All comments

**Renson Arroyave**

I agree, had a similar Situation on my street and the officer B. Walk a quarter mile in the snow to knock on the car owner's house to come move the car out of my driveway. They truly are professionals at its best.

Like Reply 22h

5

**Trudy Pierog**

Yes ! Love living in Lancaster we have a awesome police force

Like Reply 22h

4

**Diane Doody**

**Helen Wargala**Thank You to all our Officers, unsung hero's doing their job up and above   

Like Reply 22h

**Jacob Maciejewski**

Thank you LPD! That is a great story! Thanks for sharing

Like Reply 22h

**Karen Mc**Great story. 

Like Reply 21h

**Brenda Hopkins** Author


Karen Mc ty

Like Reply 21h

**Bre Cordova**

I had a whole group of them and random people helping me this morning, as I was extremely stuck trying to get into my works parking lot. My car was halfway in a busy road, took over an hour with everyone working together to get me out. I'm extremely thankful!

Like Reply 21h

**Brenda Hopkins** Author**Bre Cordova** we truly have wonderful people out here that go the extra mile. Thanks so much for sharing this with all of us  god bless these amazing people that went above and beyond

Like Reply 21h Edited

**Leon C. McBride**

A small community has great benefits.

Like Reply 19h

**Nikki Marie Sabatino**

A shout out to the the employees of Lancaster Schools They have been plowing none stop since Friday!!!

Like Reply 19h

**Debbie Brewer Grunthaner**

Fortunate to live in a community where they help out as well as so many others who live here!

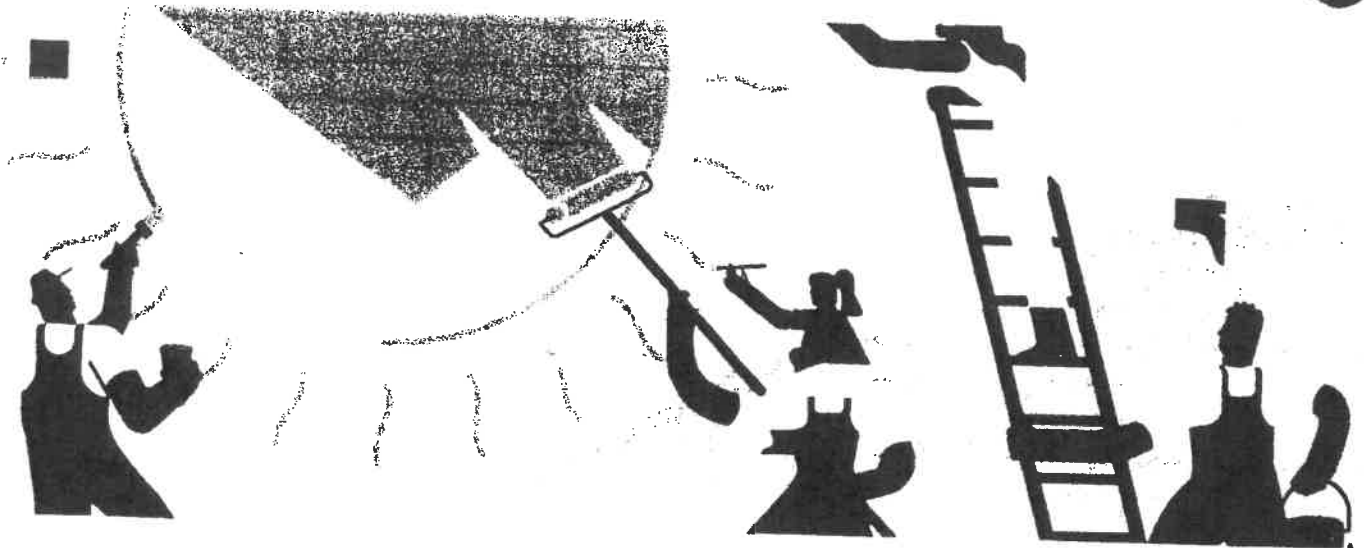
Like Reply 19h

**Denise Slater**Shout out to the volunteer firefighters clearing hydrants as well  

Like Reply 18h

**Jim Zuccaro**

Big thank you to Lancaster Police, Lancaster firefighters, and lancaster public



## Lancaster/Depew Neighbors Helping Neighbors

Private group · 12.2K members

Discussion

Featured

Reels

Topics

Members

Media

Files

Questions



Write something...

Tag people

Photo/video

Feeling/activity

### Featured

5 new



**Matthew J Walter**

November 18 at 5:16 PM · 🌐



**Dave Over**

October 13 · 🌐

Weimer Over Agency is having a clothi...

Weimer Over Agency Clothing Drive

Looking for...  
Weimer Over Agency Clothing Drive  
Weimer Over Agency Clothing Drive

## Lancaster, N.Y. Police Department

WELCOME!

The Lancaster Police Department is excited to introduce our three new police officers: Officer Bryan Kross (left) started with us last week, having previously worked at the State University Police at Binghamton. Officer Kross is now in our field training program. Recruits Jake Kowalski and Nash Braun were appointed by the Town Board at last Monday's meeting and will be headed to the Erie County Law Enforcement Training Academy in January.

Congratulations to all three of you and welcome to our department!



## Lancaster, N.Y. Police Department

**\*\*"BATTLE OF THE BADGES" CHILI COOK OFF - THIS SUNDAY IN AMHERST\*\***

**\*\*PLEASE SHARE\*\***

Please join us and other area police and fire departments at the Chili Cook Off to support Child and Family Services.

Lancaster PD will be serving up delicious chili prepared by one of our lieutenants.

Our entry is being sponsored by the Cayuga Club Police Benevolent Association and the Lancaster Police Department.

We hope to see you there!!

### **INAUGURAL BATTLE OF THE BADGES CHILI COOK OFF TO BENEFIT CHILD & FAMILY SERVICES**



**Sunday, December 4, 2022  
1:00 - 4:00 pm**



Battle of Badges Chili Cook-Off is a free community event that's fun for the whole family and a great way to support Child and Family Services.

Come join us and try some amazing chili prepared by local police and fire departments that will be judged by local celebrities.

Any donation will include chili sampling.

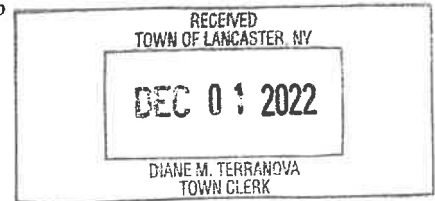
Amherst Police Community Policing and Training Facility  
[communitypolicing@apdny.org](mailto:communitypolicing@apdny.org)

**4220 Bailey Avenue, Amherst, NY**



# Town of Lancaster

BUILDING DEPARTMENT  
21 CENTRAL AVENUE  
LANCASTER, NEW YORK 14086  
716-684-4171  
FAX 685-5317



12/1/2022

Drainage & Storm Sewer Committee  
Town of Lancaster  
21 Central Ave.  
Lancaster, NY 14086

**Re: MS4 Report, November 2022**

Committee members,

Drainage complaints for November 2022- 1  
November 2022 MS4 violations- 0

Year to date Drainage complaints- 44  
Year to Date MS4 violations- 10

The bid package for pond remediation at Pleasant Meadows has been provided by the Town Engineer, Ed Schiller for an RFP is still unresolved.

An update has not been provided for the 3 tax delinquent Stormwater Facilities scheduled for auction on October 6, 2022.

Discussion on maintenance of Town ditches and Town owned Stormwater Facilities have not resumed due to the activity increase within the Town Highway Department.

A Floodplain Development Permit to repair a drainage system outlet into a Floodway and maintain flow within that stream for the Sawgrass area has not advanced.

Respectfully,

Matt Fischione, Stormwater Management Officer  
Town of Lancaster Building and Zoning Department

MF

Enc.

Email CC: Ed Schiller, Town Engineer

Town of Lancaster  
**Complaint By Type**  
11/1/2022 - 11/30/2022  
Complaint Type: Drainage

Complaint #	Open Date	Status	Location	Identifier	Owner
<i>Complaint Type: Drainage</i>					
2022-0897	11/28/22	Open	Ryerson Steel, 3919 Walden Ave	105.00-1-8.2	Spirit Realty, LP
Complaint Type: Drainage					Total #: 1
Grand Total:					1

**Town of Lancaster  
MS4 Report  
Reporting Period: November 2022**

**SWPPPs Active**

Cross Creek  
Pavement Rd Storage  
Hamlet Meadows  
Blackstone  
Hidden Meadows

Juniper Townhouses  
Plumb Creek  
Pleasant Meadow Square

Summerfield Farms 7  
Summerfield Farms 8  
Windsor Ridge South  
455 Pleasant View Drive  
149 Gunville Rd  
Robert James Sales Walden Ave  
73 Cemetery Rd  
Cross Creek Phase 8 & 9  
Cadby Industrial Park  
National Fuel UNY Project  
5839 Genesee St  
National Grid Cemetery Rd  
Soil Recycling Facility  
Dollar General  
Try-It Distribution  
5807 Broadway

**Stormwater Ponds**

Developed schedule for yearly inspections required by owners  
Rue Madeline – In process of rectifying ownership issue to allow maintenance by town.  
Sugarbush Lane - In process of rectifying ownership issue to allow maintenance by town.  
Sawgrass Lane – Residents on notice for maintenance. Awaiting remediation plan  
Sterling Ct – Bid documents prepared.

**MS4 Inspections**

Outlet inspections being planned for 2023.  
Inspecting ongoing construction projects.

**SWPPPs In Review**

6218 Broadway  
Fieldstream Subdivision  
6130 Broadway  
6026 Broadway

**Outstanding SWPPP/MS4 Violations**

73 Cemetery Rd



CYNTHIA A. MACIEJEWSKI

LANCASTER NY 14086

December 2, 2022

Supervisor Ruffino  
Honorable Town Council Members  
21 Central Avenue  
Lancaster NY 14086

Re: Planning Board Secretary

Dear Supervisor Ruffino and Town Council Members,

It has been my pleasure to serve the Town of Lancaster as the Planning Board Secretary.

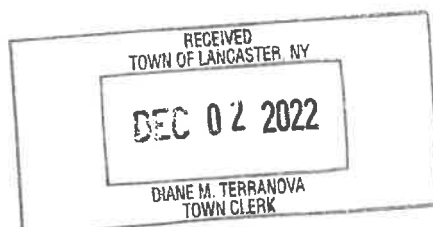
The duties of this role are within my ability to accomplish due to my years of experience as Secretary to other local Boards. My ability to understand and report on these projects comes from my 20+ years in the Lancaster Building Department. I have a clear understanding of the requirements needed for a project to be discussed and details to be documented at each meeting.

I respectfully request to be reappointed as the Town of Lancaster Planning Board Secretary.

With best regards,

*Cynthia A. Maciejewski*

Cynthia A. Maciejewski





# Town of Lancaster

BUILDING DEPARTMENT  
21 CENTRAL AVENUE  
LANCASTER, NEW YORK 14086  
716-684-4171  
FAX 685-5317

12/2/2022

Lancaster Town Board  
21 Central Ave.  
Lancaster, NY 14086

**RE: Chapter 140 Construction Code, Uniform**

Honorable Town Board,

On behalf of the Building and Zoning Department, I would like to express my gratitude to Town Councilman Mazur and Town Attorney Fowler for the time and effort, this past year, to review and amend the current Local Law, Chapter 140, Building Construction, Uniform.

The Minimum Standard for Administration and Enforcement of the Uniform Fire Prevention and Building Code ensures safe structures, public safety, and necessary property maintenance.

The Local Zoning requirements provide for the orderly growth of the Town, promote and protect the environment, proper storm water management, public health, safety, convenience, comfort, prosperity and general welfare of its residents and protection of our environmental resources to avoid or limit disaster.

Each new building erected, existing structure renovated, and new tenant occupancy requires continued service for its entire lifespan as it relates to Fire Safety and Property Maintenance.

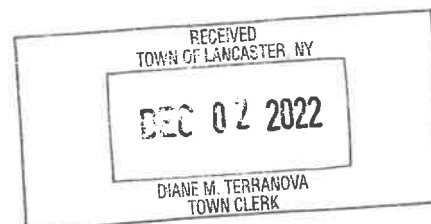
As referenced in a recent NYCOM Municipal Matters article, Vol 5, No.2, "municipalities should periodically review the effectiveness of their enforcement program to insure that it is addressing their community's code enforcement and fire safety needs". The exponential residential growth of the community has made it more difficult to service and address issues in a productive and timely manner.

I urge you to enter into conversation for necessary staffing that will benefit Town stakeholders' investments and provide proper Building Code Administration services within the community.

Sincerely,

Matt Fischione, Code Enforcement Officer/ZEO/CFM/SMO  
Town of Lancaster Building and Zoning Department

MF  
enc





# Enforcing and Administering the Uniform Fire Prevention & Building Code: The 2022 Minimum Standards

By Wade Beltramo, NYCOM General Counsel | Ph: (518) 463-1185 | email: wade@nycom.org | www.nycom.org

## A BRIEF HISTORY OF THE UNIFORM CODE

In New York State, building construction and fire safety is governed by the *New York State Fire Prevention and Building Code*<sup>1</sup> (the *Uniform Code*) which prescribes minimum standards for both fire prevention and building construction. The *Uniform Code* addresses such building construction and occupancy issues as fire prevention, life safety, structural stability, sanitation, property maintenance, and accommodation, for people with disabilities. The *Uniform Code* is applicable in every municipality in the State except the City of New York, which has its own code.

Municipalities **do not** need to enact any local law or resolution for the *Uniform Code* or the amendments thereto (the most recent of which were adopted and became effective on May 12, 2020), to be applicable in their jurisdictions. Stated differently, the *Uniform Code* and any amendments made to it by the New York State Code Council are effective throughout the State of New York by force of State law. Moreover, local governments may not exclude themselves from the *Uniform Code*'s provisions.

While the New York State Code Council establishes the *Uniform Code*'s substantive standards, every local government must adopt a local law that provides for the enforcement and administration of the *Uniform Code* within its corporate boundaries. To that end, the Department of State has promulgated rules and regulations imposing minimum enforcement and administration standards for these municipal programs.

Although the *Uniform Code*'s substantive standards are consistent throughout the State, each municipality's needs with respect to administering and enforcing the *Uniform Code* are not necessarily the same. For example, the

municipal code enforcement program appropriate for a large city with numerous apartment buildings and a large downtown commercial core is most likely not an appropriate program for a city or village with a small main street and mostly single-family homes. Consequently, local needs and conditions should be considered when designing a municipality's *Uniform Code* enforcement program.

Local governments do not enforce or administer the *Uniform Code* on State-owned property, public school property, or the property of other municipalities in their jurisdiction. The Department of State enforces and administers the *Uniform Code* on State-owned property, the Department of Education enforces and administers the *Uniform Code* on both local public school property and State University System property, and each local government is responsible for enforcing and administering the *Uniform Code* on property it owns, even if that property is not within its own municipal territory.<sup>2</sup> Consequently, a city or village would enforce and administer the *Uniform Code* on property it owns outside of its boundaries, and a town would enforce and administer the *Uniform Code* on property it owns within a city or village.

Although municipalities may not exclude themselves from the *Uniform Code*, municipalities may, by local law, decline to enforce and administer the *Uniform Code* within their boundaries, in which case, responsibility for enforcing and administering the *Uniform Code* passes to the county in which the city or village is located. The transfer of such responsibility becomes effective the following January 1, provided the local governing body adopts the necessary local law prior to July 1.<sup>3</sup> Municipalities may reassume the responsibility for enforcing the *Uniform Code* within their jurisdiction by adopting a local law repealing the previous opt-out local law. Authority to administer and enforce the

# Finding Value in Surplus

For 30 years Absolute Auction & Realty has been providing New York municipalities professional auction services, finding value in surplus, with outstanding results.

In rem tax foreclosures, surplus real estate, vehicles and equipment?

*Today, as always, results matter.*

Professional Solution.  
Maximizing Results.  
Industry Leaders.



## AARauctions.com



Absolute Auctions & Realty, Inc.  
45 South Ave, Pleasant Valley, NY  
845-635-3169 | info@aarauctions.com



*Uniform Code* returns to the municipality as of the second local law's effective date.

Municipalities that are struggling with budgetary constraints and/or code enforcement staffing may wish to consider entering into an inter-municipal agreement with neighboring municipalities to administer and enforce the *Uniform Code* as a means both of improving service and saving money.

### NEW MINIMUM STANDARDS FOR ENFORCING AND ADMINISTERING THE UNIFORM CODE

On December 29, 2021, the State published notice that a new version of NYCRR Title 19, Ch. XXXII, Pt. 1203 has been adopted with an effective date of December 30, 2022. These changes were needed to coordinate with the 2020 amendments to the *Uniform Code*.

Notable changes to Part 1203 include, but are not limited to, the following:

- A definitions section was added to the regulation;
- Requirements for post-inspection follow-up to assess compliance with respect to building permits, operating permits, and fire safety and property maintenance;
- The operating permits section has been expanded to include more categories for which operating permits are required, including energy storage systems, sugarhouse alternative activities, and mobile food preparation vehicles. Additionally, the assembly areas threshold was reduced to 50 or more occupants to match the assembly areas included in the 2020 *Uniform Code*;
- An optional exemption from the operating permit requirement was added and allows local enforcement jurisdictions to exempt processes or activities, or buildings, structures, or facilities which may normally require an operating permit, provided (1) the use is expressly authorized by a Certificate of Occupancy or the Certificate of Compliance, (2) fire safety and property maintenance inspections are performed in accor-

dance with section 1203.3(h), and (3) applicable condition assessments are performed in compliance with section 1203.3(j); and

- Cities, towns, and villages must establish and make available climatic and geographic design criteria as required by the *Uniform Code*.

As a result of the amendments to Part 1203, local governments must review and update their local laws that provide for administering and enforcing the *Uniform Code*.

The Department of State's Division of Building Standards and Codes has developed an updated model local law which is available online at <https://dos.ny.gov/code/local-government-state-agency-enforcement-programs>. Note that this is simply a model and should only be considered a starting point for local officials when updating their local law providing for the enforcement and administration of the *Uniform Code*. Updating the local *Uniform Code* enforcement and administration program should be undertaken in consultation with the code enforcement and fire safety staff, as well as the municipal attorney.

The full text of the new Part 1203 rule is available online at <https://dos.ny.gov/system/files/documents/2021/12/2021-12-10-full-text-of-rule-part-1203.pdf>.

## CONCLUSION

In addition to this update of the local *Uniform Code* program, municipalities should periodically review the effectiveness of their enforcement program to insure that it is addressing their community's code enforcement and fire safety needs. For more information on the State's *Uniform Code*, visit the State's Division of Building Standards and Codes website at <https://dos.ny.gov/building-standards-and-codes> or contact NYCOM General Counsel Wade Beltramo, at (518) 463-1185 or by email at [wade@nycom.org](mailto:wade@nycom.org).

## Endnotes

1. For a full description of the history of the *Uniform Code*, see the New York State Department of State's James A. Coon Local Government Technical Series "Administration and Enforcement of the Uniform Fire Prevention and Building Code and the Energy Conservation Construction Code," which can be accessed at <https://dos.ny.gov/system/files/documents/2022/07/administration-and-enforcement-of-the-uniform-code-2111.pdf>.

2. See N.Y. Comp. Codes R. & Regs. tit. 19, § 1201.2.

3. Counties may also decline to enforce the code, in which case responsibility for code enforcement passes to the Department of State.



## Consulting and Audit Services

**U-Audit Associates is a full-service cost-management consulting firm, serving New York State's public and private sectors. Our services include:**

### Standard Auditing Services

- Utility & Telecommunications billing
- Cable Franchise Agreements
- Gross Receipts Tax
- Street Light Audits
- Telephone Billing Audits

### Premium Consulting Services

- 5G Location & Cell Tower Agreements
- Digital Billboard Agreements
- Employee Benefit & Eligibility Audits
- 207A Supplemental Payment Audits
- Cyber Security Audits

For more information about the NYCOM USA Program, contact U-Audit:

**Ph: (866) 321-5627 • Fx: (877) 200-5572**

**Email: [info@u-audit.com](mailto:info@u-audit.com)**

**[www.u-audit.com](http://www.u-audit.com)**

**U-Audit**  
ASSOCIATES